



GLOBAL
CSP KIOSK

**APPLICATION FORM FOR
(CUSTOMER SERVICE - GLOBAL CSP KIOSK)**

1. Location(Village/Town)- Location _____ District _____
State _____, PIN _____
2. Name (IN BLOCK LETTERS) _____
3. Father's / Husband's Name _____
4. Date of Birth & Age : _____
5. Gender : (Please Tick) Male Female
6. Marital Status : (Please Tick) Married Unmarried
7. Education : (Please Tick) Class X Class XII Graduate Post Graduate and above
8. Permanent Address :
Mohalla/Village _____
Post _____ Tehsil _____
District _____ State _____
Pin Code _____
9. Communication Address :
Mohalla/Village _____
Post _____ Tehsil _____
District _____ State _____
Pin Code _____
10. Telephone No.
(With Estacode) -Residence Office _____ Mobile _____
11. Email ID - if any : _____
12. Currently Banking with (Bank) : _____
13. Bank Account Number, if any _____
14. Cheque Facility (Please Tick)- Available Not Available
15. *Proof of Name (Please Tick)- AADHAR CARD PAN Card Voter's ID Card Driving License
16. (a) *Proof of address (Please Tick) Electricity Bill(Latest) NSC(Copy) Telephone Bill)Latest)
Impolicy(Copy) Letter from Landlord Gas Connection
(b) Pan No.

17. Present Business / Occupation, if any _____

18. Computer Literacy: Yes No

19. If yes, nature of qualification _____

20. If you already own a business or are working your revenue / income per month including pension if any is

Less than Rs.5000 - Rs.1000, Rs.10000 - Rs.20000, Rs. 20000 -Rs.30000 More than Rs.30000

(Please enclose copy of I.T. Return / Pension payment certificate)

21. Do You have any experience in selling financial products? If yes, give details.

22. Language known (say fluent / not sofluent) - Read Write Speak

23. No. of years of stay in the town/village

24. Do you have any police records? If yes, give details.

25. Name, Address and occupation of two people to whom reference can be made _____

26. Political Affiliation, if any : _____

27. Default if any to banks / Financial Institutions : _____

28. Infrastructure available: (Office area, Location, Computer, Internet, Tel No. etc) : _____

29. Name of the office from which retired : _____

30. Position at the time of retirement : _____

(Please give brief of various positions held and role)

31 Any disciplinary action taken against you while inservice

(if yes, please give details. Please enclose a certificate of Conduct from your last the employer)

32. Particulars of liabilities : _____

33. Particulars of movable property and Investment.:-

34. Particulars of Immovable property : Land _____, Village _____

Survey/Patta No. _____, Area _____

35. Are you willing to invest in the POS/Kiosk machine and other equipment required for carrying out transaction as CSP / KO of Business Correspondents?

36. What is the cash balance you are ready to invest for making cash payments / receipt of deposits as Business Correspondent?

37. Product For which VLE (Bank Name) want to Apply:

I certify that the above information is true to the best of my knowledge and belief.

Paste your recent
Passport Size
Photograph

Date: _____

Place: _____

Signature of the Applicant

SCORING SHEET FOR CUSTOMER SERVICES POINT / VLE / FRANCHISEE

Name of the Applicant: _____

Category of Applicant _____

DETAILS OF INVESTMENT TO BE MADE BY CHANNEL PARTNERS IN STOCKS

The investment to be made by Channel Partners is based on the District/state level partner, Details are as under

- (a) VLE Registration Charge:- Rs.11000/- + Gst only
- (b) District Level Channel Partner:- Rs 49800/- only
- (c) State Level Channel Partner:- Rs 149800/- only

Mode of Payment:

- (1) By Cash Deposit Method (Please send Xerox copy of cash receipt.) (2)By Cheque
- (3) By RTGS/NEFT/Online transfer)
- (4) Payment accepted by company accountant manager to confirm in Verification department.

Terms & Conditions:

- (1) This agreement is only valid for 5 years from the date of initial approval.
- (2) Every channel partner will be awarded by 25% commission on every CSP Application form. (3) Channel Partner will also get 25% Royalty on every transition from concerned CSP Centre.
- (4) Channel Partner is also responsible for any type of abnormality related to its concerned KIOSK centre.
- (5) Local audit authority is also concerned with channel partner.

Declaration: I have read and understand all information/terms & conditions and signed this agreement

Date: _____

Applicant Signature

VLE REGISTRATION FORM

NAME _____

FATHER'S NAME _____

DATE OF BIRTH _____ GENDER: MALE FEMALE

CONTACT NO _____

EMAIL ID _____

PAN NO _____ AADHAR _____

SOCIAL CATEGORY: GENRAL OBC SC/ST OTHER

PHYSICALLY HANDICAPPED _____ YES NO OTHER

ADDRESS:

BANK ACCOUNT DETAILS:

