

હિસાબ નિયામકશ્રીની કચેરી

નવસારી કૃષિ યુનિવર્સિટી, નવસારી

વિષય : જે તે કચેરીના એકાઉન્ટ સાથે
પોસ (POS) મશીન લીક
કરવા બાબત...

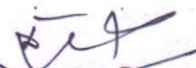
પરિપત્ર

આ યુનિવર્સિટીનાં તમામ કચેરીનાં વડાશ્રીઓ તથા ઉપાડ અને ચુકવણા અધિકારીશ્રીઓને જણાવવાનું કે, આ યુનિવર્સિટીમાં કેશલેશ ટ્રાન્ઝેક્શન માટે અત્રેથી POS મશીન ની ફાળવણી કરવામાં આવેલ જે યુનિવર્સિટીનાં NAU e-Uday Fund A/c ફંડ સાથે લીક કરવામાં આવેલ હોવાથી જે તે કચેરીની આવક સીધે સીધી યુનિવર્સિટીના સદરહું એકાઉન્ટમાં જમા થાય છે અને દરેક કચેરીઓને તેઓની આવક તપાસ કરવામાં મુશ્કેલી રહે છે. જેથી સદરહું POS મશીન જે તે કચેરીનાં બેન્ક એકાઉન્ટ સાથે લીક કરવામાં આવે તો જે તે કચેરીની આવક જે તે કચેરીનાં બેન્ક એકાઉન્ટમાં જમા થશે તેથી આ સાથે સામેલ રાખેલ દરખાસ્ત ફોર્મ જે તે કચેરીનાં ઉપાડ અને ચુકવણા અધિકારીશ્રીઓએ તાત્કાલીક ભરી અત્રેની કચેરીમાં જમા કરાવવા આથી જણાવવામાં આવે છે જેથી આગળની કાર્યવાહી હાથ ધરી શકાય.

સામેલ : ઉપર મુજબ પત્રક

જા.ન. નક્યુ/કોમ્પટ/કંટ્રોલ/૨૦૪૪/૨૦૧૭

તા. ૨૪/૦૪/૨૦૧૭


હિસાબ નિયામક

નકલ સવિનય રવાના :

આ યુનિવર્સિટીનાં તમામ નાણાં ઉપાડ અને ચુકવણા અધિકારીશ્રીઓ તરફ અમલ થવા સારું.

Application Form for POS terminal

Merchant Establishment Details	
1	Name of Merchant Establishment
2	Address of Merchant Establishment Line 1..... Line 2..... City..... State..... PIN
3	Type of establishment <input type="checkbox"/> Proprietorshi <input type="checkbox"/> Partnershi <input type="checkbox"/> Pvt. Ltd <input type="checkbox"/> Public Ltd. <input type="checkbox"/> Other:
4	Year of establishment (dd-MMM-yy)
5	Shop / establishment registration number
6	Sales Tax No
7	TIN (if available)
8	PAN
Contact Details	
9	Name of the Person to be contacted & Relationship with the Firm
10	Website (optional)
11	Email id for e-statements etc.
12	Contact numbers Office : _____ Fax : _____ Mobile : _____
Business Activity details	
13	Nature of business & Business Activity
14	Business Timings
15	Turnover during last 3 financial years Financial Year : _____ Turnover : Rs. _____ Lac Financial Year : _____ Turnover : Rs. _____ Lac Financial Year : _____ Turnover : Rs. _____ Lac
16	Projected Turnover next one financial year Financial Year : _____ Turnover : Rs. _____ Lac
Requirement details - POS Terminal and other services	
17	Type and number of POS Terminals to be deployed <input type="checkbox"/> PSTN No. of terminals : _____ <input type="checkbox"/> Desktop GPRS No. of terminals : _____ <input type="checkbox"/> Portable GPRS No. of terminals : _____
18	Monthly rental to be paid by the Merchant per terminal Desktop GPRS - Rs. _____ Portable _____ GPRS - Rs. _____
19	One time Non-refundable Security Amount to be paid up front Desktop GPRS - Rs. _____ Portable GPRS - _____
<i>Note: In case of multiple terminals which need to be deployed at an address different from "Merchant Establishment Address", please attach a separate sheet with all the required details (addresses, contact numbers and name of contact person)</i>	
20	In case of PSTN terminals, Phone numbers for all the lines available, with STD facility, for installing POS terminals 1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____
<i>Note: In case of additional terminals, please attach a separate sheet with all the required phone numbers</i>	
Details of Expected Card Transactions	
21	Average number of Working Days in a month
22	Average No. of Daily Transactions (per terminal)
23	Average transactions size (in INR)
24	Daily Volume of Business expected through Cards
25	Peak Daily Volume of Business expected through Cards
26	Foreign Card acceptance facility required <input type="checkbox"/> Yes / <input type="checkbox"/> No
27	Average Stock Level
28	MDR and Settlement Cycle MDR : (ON us%; Off-us %; Foreign Card Transactions- 2%) + Taxes Settlement Cycle: T+1/2/3
29	Details of outstandig disputes(Chargeback), if any, with existing acquirer
Principal Promoter Details	
30	Name
31	Contact number
32	Residence Address Line 1..... Line 2..... City..... State..... PIN
33	PAN for Principal Promoter
Settlement Account Details	
34	SBI Current Account / Cash Credit Account number Account Number : _____

I/We hereby certify that the above mentioned information is true to the best of my/our knowledge. I/We agree to provide rental as mentioned above in case of GPRS terminals and give authority letter to bank for recovery of rental.

Place
Date

Signature with Rubber stamp
(Authorised signatory, Merchant Establishment)

For Office Use Only

Application Review by Branch/Sales Team Official	
Branch Details	
35	Circle
36	Network
37	Administrative Office
38	Region
39	a. Branch Name
	b. Branch Code
Contact Details of Branch	
40	Name of BM
41	Designation
42	Mobile no.
43	Email id
44	Land line FAX-
Details of Application Sourcing Officer	
45	a. Name of the Official
	b. PF Index
Site survey (Name of the Official who has conducted site visit)	
<i>Note: Please complete all the following activities related to Site Survey</i>	
46	Adequate number of Telephone Lines (1 for each terminal with STD facility activated) arranged by the Merchant <input type="checkbox"/> Yes / <input type="checkbox"/> No
47	Break up between on-us and off-us transactions (Approximate) _____ % on-us transactions
48	Details of any existing POS terminals at the Merchant Establishment 1) Machine Type: _____ Bank: _____ MDR: _____ 2) Machine Type: _____ Bank: _____ MDR: _____ 3) Machine Type: _____ Bank: _____ MDR: _____
Document checklist	
<i>Note: Please select all the relevant documents that have been collected</i>	
49	KYC satisfied/ updated <input type="checkbox"/> Yes / <input type="checkbox"/> No
50	Establishment certificate <input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Not Applicable
50	Trade licence <input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Not Applicable
51	Letter of sole proprietorship (in case of Proprietorship) <input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Not Applicable
52	Partnership deed (in case of partnership firms) <input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Not Applicable
53	Articles of association (in case of Company) <input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Not Applicable
54	Board resolution (in case of Company) <input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Not Applicable
55	PAN card copy for the Merchant Establishment <input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Not Applicable
56	PAN card copy for the principal promoter <input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Not Applicable
57	Address proof of merchant establishment <input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Not Applicable
58	Address proof of the principal promoter <input type="checkbox"/> Yes / <input type="checkbox"/> No / <input type="checkbox"/> Not Applicable

Place
Date

Signature
(Branch/Sales Team Official visiting the Merchant Establishment)

For Office Use Only

Merchant Assessment and Recommendations from Branch Manager/Head MPST	
Background information And Assessment	
57 Settlement Account number	A/C No. _____ (Verified in CBS)
58 Date of opening of the account with the branch (dd-mm-yy)	
59 Any posting restrictions on the merchant account	
60 Average Quarterly Balance (AQB) for last quarter (INR)	
61 Value of relationship for SBI (Interest income and Commission income during last 12 months) (INR)	
62 Conduct of account	<input type="checkbox"/> Satisfactory / <input type="checkbox"/> Unsatisfactory
63 Total Deposit (Principal) held by the Merchant	Rs. _____
64 Borrowing Limit of the Merchant	<input type="checkbox"/> Yes / <input type="checkbox"/> No
65 If yes, value of the Borrowing Limit	Rs. _____
66 Date of Receipt of Letter of Authority in case of GPRS terminal	
67 ME agreement execution date (dd-mm-yy)	
Branch manager recommendations	
68 Type and number of POS Terminals to be deployed	<input type="checkbox"/> PSTN No. of terminals : _____ <input type="checkbox"/> Desktop GPRS No. of terminals : _____ <input type="checkbox"/> Portable GPRS No. of terminals : _____
69 MDR Recommended	(ON us% Off-us % Foreign Card Transactions- 2%) + Taxes
70 Settlement Cycle proposed	T + _____ Days
71 Daily Txn Limit	Rs. _____
72 Acceptance of Foreign Cards	Yes/No _____
73 Remarks of Recommending Authority	We hereby recommend installation of PSTN/Desktop GPRS/Portable GPRS POS terminal at this Merchant Establishment, as per operating guidelines for on-boarding of merchant.

Place
Date

Signature
(Branch Manager/Head MPST)

Approval By Regional Manager/AGM of Branch	
Merchant assessment	
74 CIBIL score for the Principal Promoter/Merchant	
75 Type and number of POS Terminals to be deployed	<input type="checkbox"/> PSTN No. of terminals : _____ <input type="checkbox"/> Desktop GPRS No. of terminals : _____ <input type="checkbox"/> Portable GPRS No. of terminals : _____
76 MDR Approved	(ON us% Off-us % Foreign Card Transactions- 2%) + Taxes
77 Settlement Cycle Approved	T + _____ Days
78 Daily Txn Limit Approved	Rs. _____
79 Acceptance of Foreign Cards	Yes/No _____
80 Remarks of Approving Authority	Installation of PSTN/Desktop GPRS/Portable GPRS POS terminal is approved at this Merchant Establishment, as per operating guidelines for on-boarding of merchants.

Place
Date

Signature
Regional Manager/AGM of Branch