



**CUSTOMER SERVICE POINT
(MSP, MSD, MRD) REGISTRATION FORM**

PHOTO
WITH PLAIN
BACKGROUND

CSP Code:

Distributor Code:

APPLICANT INFORMATION

Name of the Applicant:

Date of Birth: |D| |D| |M| |M| |Y| |Y| |Y| |Y|

Gender : Male Female

Education:

SHOP DETAILS

Name of the Establishment:

Outlet Address:

Landmark:

City:

State:

Pin Code:

Tel No.:

Mobile No.:

E-mail ID:

Rented/Owned:

Years in Location:

PERMANENT ADDRESS

Residential Address:

Landmark:

City:

State:

Pin Code:

Tel No.:

Mobile Number:

Email-ID.:

Rented/Owned:

Years in Location.:

BUSINESS INFORMATION

Description of services at present Outlet:

If you are having similar Arrangement with any other Bank, Society or BC please provide relevant details:

PAN No.

Adhaar Number

BANKING INFORMATION

A/c with Bank

A/c Number

IFSC Code

IDENTITY PROOF

Passport PAN Card Voter ID card Adhaar Card Driving License Other (Specify)

ADDRESS PROOF

Passport Voter ID Card Adhaar Card Latest Bank Statement Other (Specify)

Payment Detail Amount:

Cash Online

Transaction No:

MSP, MSD, MRD DECLARATION

- I. I have read and understood the terms & conditions provided with the form and agree to all the terms and conditions listed on the mobisafar point' website.
- II. I have been provided a copy of detailed terms & condition as well.
- III. I have understood all particular of the investment plan chosen by me, trading process, margins and related terms & conditions at which services are provided by Mobisafar as applicable on this date as amended from time to time.
- IV. I confirm that the information(s) & particulars supplied by me are correct in all respects.
- V. I hereby declare that I do not have a Criminal record.
- VI. I allow Mobisafar to debit Monthly / Yearly maintenance charges.

MSP, MSD, MRD

Name & Signature

Name:

Date:

|D| |D| |M| |M| |Y| |Y| |Y| |Y|

EMPLOYEE, MSD DECLARATION

I hereby confirm that this form was signed by the MSP in my Presence and I have physically seen and verified the document(s) attached here with their respective original(s).

Mobisafar Employee / MSD:

Employee / MSD Code:

LAT/LONG.....

Note: * Address Proof should match with either Outlet Address or Permanent Address

* Retailer should sign on all the pages on MSP form with rubber stamp

EMPLOYEE / MSD

Name & Signature