



PHOTO
WITH PLAIN
BACKGROUND

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

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: _____

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