

PAYMENT GATEWAY/KBL e-Collect – PROPOSAL FORM

8	Website [URL]																			
9	Phone No.	Landline																		
		Mobile																		
		FAX																		
10	E-mail address																			
11	Business Hours																			
12	Name of the contact person																			
	Mobile No.																			
	e-Mail																			
	Estimated Annual Turnover [₹ in lakh]	Cash Sales	Card Sales	Total																

Date:

Place:

Signature of the Authorized Person/(s)
With Seal

FOR BRANCH USE:

Branch Name:			
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Branch Code:			
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We have verified the details in the application and recommend for providing Payment Gateway Services.

- (a) Applicant is customer of the Bank for Months / years.
- (b) Operations in account are satisfactory.
- (c) Annual Turnover expected through Payment Gateway:

Date:

Signature of the Branch Head