

RIZING PAY TECHNOLOGY SERVICES PRIVATE LIMITED

SERVICE PROVIDER REGISTRATION FORM



PHOTO

Full Name													
Date of Birth	/	/	/								Gender(Please Tick)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Identity and Address Proof	Aadhaar Number _____										(Attach copy of Aadhaar)		
Mobile No.													
Email ID													
BUSINESS DETAILS													
Name of Company/ Firm/ Individual													
Registration Category	<input type="checkbox"/> Private Ltd. <input type="checkbox"/> Proprietorship <input type="checkbox"/> Individual <input type="checkbox"/> Others (Specify) _____												
Registered Office Address													
Nature of Business													
PAN Number (Attach copy)													
TIN													
GST Number													

BANK DETAILS

Account Holder Name:

Bank Name:

Branch:

Branch Code:

City:

W/c No.:

Nature of Account

Savings Account

Current Account

Please attach copy of cancel Cheque / Passbook / Bank Statement

DECLARATION

- i. I have been provided a copy of the detailed terms & conditions.
- ii. I confirm that the information (s) & particulars supplied by me are correct in all respects.
- iii. I hereby declare that I do not have a Criminal record.
- iv. I hereby agree to open an RPTSPL wallet, along with the KYC documents submitted with this form, on my Mobile Number.
- v. Do not share your Card Details/Expiry Date/OTP/. M PIN to Anyone avoids any financial loss
- vi. Merchant is advised to collect the Mobile Number, Email ID, ID Proof (PAN Card) And Address Proof of the customer to use Payment Gateway services.
- vii. Maintain a Register / Ledger for every transaction of Payment Gateway in details.
- viii. For all transactions, merchant are the sole responsible person. Rizing pay technology services Private Limited are not responsible for any Fraudulent / Misuse / Chargeback of card transactions done by you.

Date : ..

Name & Signature (with Seal)