



## **BRING BUSINESS, DIGITAL PAYMENT SERVICES**

DIGITAL INDIA, CASH LESS INDIA PROGRAMME

Retailer/ Distributor application

PHOTO

M/s ..... Contact .....

Email : .....Retailer/ Distributor Partner Application

Form for LakhimiPay.Com for any query please call : 9707663756 or Write to: support@lakhimipay.com.

### **Personal Informations -**

(NOTE: Filling the form in block letters is mandatory the information furnished by the applicants shall be treated in strict confidence.)

1. Name : .....

2. Address : .....

3. Age : ..... DoB ..... Sex .....

4. Education qualification : .....

5. CIBIL Records: ..... Scores.....

6. Experience : ..... company.....

### **7. Financial Status :**

(a) Other sources of income : .....

(b) Number of depending family members : .....

(c) income form family members: .....

(d) Family Annual Income : .....

### **8. Channel Partner :**

The investment to be made by Channel Partners is based on the Super Distributor/ Master Distributor/ Distributor / Retailer partner, Details are as under.

(a) Distributor Channel Partner package : - Rs. 5000/- (10 ID).

(b) Distributor Channel Partner package : - Rs. 10,000/-(25 ID)

### **9. Mode of Payment:**

(1) By Cash Deposit Method (Please send Xerox copy of cash receipt).

(2) By Cheque

(3) By RTGS/NEFT/Online transfer

### **10. Terms & Conditions:-**

(1) This agreement is only valid for 3 years from the date of initial approval.

(2) KYC shall be provide regarding API updation at any time if required.

(3) The LakhimiPay.Com guidelines shall be following.

(4) The Service Records, Registers and receipts shall be maintaining properly.

### **11. Declaration:-**

I have read and understand all information/terms & conditions and signed this agreement

Date:

Applicant Signature



**DECLARATION BY THE APPLICANT**

**For Engagement as Retailer/ Distributor of the LakhimiPay.Com**

(To be obtained by Link Branch)

Annexure - 1

I, **Shri / Smt.**.....S/o Shri/  
Smt.....Residing at  
(PR).....

.....  
have applied for engagement as Distributor/ Retailer of lakhimipay.com Service Point of M/s ....., who is working as institutional guidelines of lakhimipay.com (a subsidiary service of the Lakhimi Sanchay and Rindan S.S. Ltd. due to financial inclusion) at ..... (location) to provide digital payment services and promoting cash less India programme.

I further DECLARE that I have maintain, will be maintaining the register books and records according to the official guidelines. I also provide KYC documents with recommended money receipt for all the charges paid by me. I understand that the LakhimiPay.Com has initiated this procedure to obviate any chances of wrongdoing / misleading on the part of all concerned.

**Yours faithfully,**



(Sign. of applicants )

(Name of Retailer .....)

Email address: .....

Mobile No: .....

Place:.....

Date : .....

