

ONBOARDING OF CUSTO	MER SERVICE POINT (CSP)				
gent code* :	Service required* : □ DMT □ AEPS				
Device Information (for AEPS) IMEI no.*:	Type*:				
ntity Type : 🗆 Sole Proprietor 🔻 Partnership Firm 🔻 Individu	ıal				
APPLICANT/CSP INFORMATION	Applicant's recent				
APPLICANT/CSP INFORMATION  Name of applicant / CSP*:  Gender*: Male Female Transgender DOB*: D D M M Y Y Y Y					
. 🗆 Father Name / 🗆 Spouse Name :					
The first of the control of the cont	y Handicapped: □Yes □No				
Education:					
Highest Education Qualification: ☐ Under 10th ☐ 10th ☐ 12th ☐ Gra	aduate Post Graduate Others Date of Passing:				
Institute Name:					
Course: 🗌 IIBF Advance 🔲 IIBF Basic 🔲 Certified By Bank 🔲 No	ne				
. Name of Establishment:					
Business Location Address (Operational areas)*:					
	State*:				
Country*:	PIN code*: Tel no.:				
Mobile number*: Email*:					
Proof of Address : Voters ID Drivers License NREGA Card	Passport Number 🔲 Electricity Bill 🔲 ID number:				
Residential address*:					
	State*:				
Country*: PIN code*: Tel no.	Mobile no.*:				
Proof of Address : Voters ID Drivers License NREGA Card	Passport Number   Electricity Bill   ID number:				
. Business Information:					
Alternate Occupation Type*: Government Public Sector Self Employed Private Other None					
Aadhaar Card Number:	PAN No.*:				
Device Name: Laptop Hand Held Connective Provider:	/ity Type: 🗌 LandLine 🗌 Mobile 🗍 VSAT				
If you are having similar arrangement with any other Bank, Societ	tu or Business Correspondent please provide relevant details:				
O. Banking information: Bank:	A/c type:				
Ac No:	IFSC code:				
	×				
Applicant / CSP	RATION Partner				
Applicant / cor	444 69 60-200-20 200-20 20 20 20 20 20 20 20 20 20 20 20 20 2				
nereby declare that all the statements made by me in this application form are true and complete to the best of my knowledge. I also declare that signature below belongs to me					
Applicant/CSP signature					
Name:	Signature of the Partner (with official seal)				
Date D D M M Y Y Y Y	Name:				
I request you to appoint me to act as a Customer Service Point in the location of	Date D D M M Y Y Y Y				
the location of	2 - 7				



## **DECLARATIONS**

	ereby submit following declarations as an applicant/C	CSP of	who is a Business		
	rrespondent of Yes Bank Ltd. I have not been found/pronounced to be of unsound mi	ind by any competent authority a	nd declared /adjudicated as insolvent by any		
u.	competent court;	ind by drig competent duthority d	na decidrea/adjudicated as insolvent by any		
b.	I have not been found guilty of any criminal offence by	any court of competent jurisdict	ion;		
	I have neither been found guilty of any criminal offences in the course of any investigation nor have I participated in or connived at any fraud, dishonesty or misrepresentation against anyone.				
d.	l. I have not violated the code of conduct of any bank or declared a willful defaulter by any bank or/financial institution.				
e.	The state of the s				
f.	The Yes Bank Limited Business Facilitator/Business C	Correspondent scheme shared by	has been read		
	by me and I/We accept the same as binding upon me.				
g.	I hereby declare that all the information provided is true and correct to the best of my knowledge and belief. I understand that my application is liable to be rejected if it does not satisfy internal verification of the Bank as per the Bank norms. Notwithstanding anything contained in this declaration, Yes Bank may in its sole discretion terminate the CASH POINT business from the above location as and when IYes Bank deems fit.				
h.	I have all the necessary permission and I am legally all	owed to do business at the above	mentioned address/premises.		
i.	I hereby irrevocably and unconditionally undertake to indemnify and keep the Yes Bank indemnified against all or any loss, damage, cost, expenses, penalties and charges that may be incurred by and/ or caused to Yes Bank arising out of appointing (Name of CSP) as a Customer Service Point of Yes Bank.				
Yo	urs faithfully,				
nessee.			D. 199		
Si	gnature of the Applicant	<b>L</b> ī	Date:		
No	me:		Place:		
Ş					
		USE / LOCAL INTELLIGENCE FO	A STATE OF THE STA		
. F	Applicant(s) interviewed for the purpose of approving the applicant(s) to act as Business Facilitator/Business Correspondent on				
f I, C	we have met the above CSP in Person and visited the establishm orm is as per the documents submitted by the CSP. CSP has nece: we have done thorough due diligence of above specified CSP a onsequences arising due to CSP not having valid permission to ru stablishment License' etc.	ssary permission and legally allowed to nd shall be liable to indemnify RBL Bo	conduct business in premises mentioned above. ank and its officials from any unforeseen events and		
. (			a talang palang Masukan a satita ng 1 sata ng 10 sata na talang 1 sating 1 sating 1 sating 1 sating 1 sating 1		
C	SP is operating this business for last months/Yebove mentioned location.	ears and have been found suitable to c	onduct the <b>Yes Bank</b> CASH POINT business form the		
C	SP is operating this business for last months/Yebove mentioned location.  Iture of the Partner (Official)	ears and have been found suitable to c	onduct the <b>Yes Bank</b> CASH POINT business form the		