Application Form :: UPI QR Code / UPI ID

To be filled in CAPITAL LETTERS



The Branch Manager, Assam Gramin Vikash Bank, Branch Sir/Madam I/We wish to apply for UPI QR Code / UPI ID against my AGVB A/c as detailed below: Account No to be linked to QR Code: SB / CA / CC / OD Account Name of Account: _ Name of Authorised Signatory:_____ Constitution: O Individual O Proprietorship O Partnership O Company O Society O Club O NGO O Others (Please Specify) Address Line 1: ___ Address Line 2:__ City: Dist: State: Address Line 3: PIN Code Name of Proprietor/Partners/Directors: ______ Authorized person of the company / establishment: __ **Contact Details:** Mobile No.* Land Line Fmail id*: **DECLARATION** I/We hereby declare and confirm that all information furnished by me / us in this form are correct and accurate and I/We wish to avail QR Code facility in my AGVB Account as detailed above. I / We hereby declare to abide by the rules, terms & conditions as applicable to BHIM / UPI QR code functionality. Yours faithfully, Place: Date: **Authorized Signatory*** (With Seal) ------For Office Use Only-----**BRANCH RECOMMENDATION** We hereby certify that all the below mentioned pre-requisites have been checked and complied with: 1.

Account is KYC Complied 2. \square Mobile number linked to the Account is verified (CRM / ALERTS) and matches with the Mobile number provided with the QR Application. 3. ☐ Account is not DORMANT / INOPERATIVE / FREEZED. We hereby certify that Sri/Smt/M/s_ _____and we confirm genuineness of all the details ___is having <u>SB / CA / CC / OD</u> account (type) with us since bearing account No. given in this form. We recommend the applicant for extending BHIM / UPI QR Code facility in the aforementioned account. Signature-with stamp of Branch Head / Authorized Signatory:-Name & Designation **Employee ID Branch Name Branch SOL ID** Date: