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|---|---|---|--------------------------------------|
|  | | Date: _____ | |
| Branch Name & Code*: | | Servicing Emp No/POA*: | |
| Service Request No*: | | | |
| Quick Response (QR) & Sound Box Request Form | | | |
| Account details (All communication will be sent to the address mentioned in our records) | | | |
| (Proprietors, Partnerships, Public/Private Limited Companies, Trusts, Societies, Associations, Clubs) | | | |
| Name of the Company/Firm* | | | |
| Customer ID of Company / Firm (to be filled by Branch)* | | PAN/GST No: | |
| Account Number* : | | | |
| Annual Business Turnover (as per last FY return filed)* | | | |
| Constitution (please mark ✓)* | <input type="checkbox"/> Proprietary | <input type="checkbox"/> Partnership | <input type="checkbox"/> Pvt Ltd Co. |
| | <input type="checkbox"/> Public Ltd Co. | <input type="checkbox"/> Society | <input type="checkbox"/> Association |
| | <input type="checkbox"/> Trust | <input type="checkbox"/> Club | Others _____ |
| Please provide at least 2 VPA (Virtual Payment Address) options by your choice.(VPA will be allocated according to availability.)* | | @dlb | |
| | | @dlb | |
| | | Charges for Sound Box | |
| Sound Box Required <input type="checkbox"/> Yes <input type="checkbox"/> No | | One Time Activation | Rs. 300 + GST |
| | | Monthly Charges | Rs. 125 + GST |
| | | Caution Deposit | Rs. 2500 (FD Lien marked) |
| If Exiting QR Code customer, please specify the VPA | | | |
| <input type="checkbox"/> De-installation of Sound Box | | | |
| <input type="checkbox"/> Terms and Conditions applicable | | | |
| Necessary charges may be debited to my/Our SB/CD Account No: _____ | | | |
| | | | |
| Signatures of Authorized Signatories with stamp | | | |
| FOR BANK USE ONLY*: | | | |
| Merchant Category Code* | | | |
| Merchant Type* | Small <input type="checkbox"/> | Large <input type="checkbox"/> | Merchant Deals with |
| Customers Registered Mail ID* | | | |
| Fixed Deposit lien marked on FD No _____, Date: _____ | | | |
| | | | |
| Signature of Verifying Authority and Stamp: _____ | | | |
| Branch Name: _____ Date: _____ | | | |
| Acknowledgement Copy | | | |
| Request type _____ | | Date: _____ Form No: _____ | |
| Branch Staff Name : _____ | | Branch Staff Signature : _____ Branch Seal: _____ | |
| <u>Instructions</u> <ul style="list-style-type: none"> • Please fill up your preferred VPA (Virtual Payment Address) and it will be allotted subject to availability. • Standard VPA Suffix of the Dhanlaxmi Bank is xxxx@dlb, which cannot be changed. • Standard fees and charges applicable. • Please note QR code PDF format will be send to customers Registered Email ID, along with a copy to Branch. • Sound Box will be dispatched to registered address of the customer. | | | |