

(To be issued on Entity Letterhead)

Date:

TO WHOMSOEVER IT MAY CONCERN

Sub: Remittance of Funds collected through Partner Bank / Institutions for _____ [Dept Name]

Dear Sir/ Madam,

In reference to subject mentioned, we confirm that the monies dues to us for all transactions routed through RPP be remitted to our account as per the details mentioned below:

Bank Account Details	
Entity Name	
PAN/TAN Number	
GST Number (*)	
Beneficiary Name	
Beneficiary Bank Name	
Branch Address	
A/c Number	
IFS Code	

Details of Nodal Officer for Reporting of Chargeback Cases and Fund Settlements	
Name of Person with Designation	
Email Id (Multiple if required)	
Mobile (Multiple if required)	

Payment Modes Required				
Internet Banking <input type="checkbox"/>	Credit Card <input type="checkbox"/>	Debit Card <input type="checkbox"/>	UPI <input type="checkbox"/>	QR <input type="checkbox"/>

Note: - In case of Credit/ Debit cards as a payment mode type, department is liable to follow international norms for chargeback cases against their accepted payments. It is sole responsibility of department to protect chargeback (by providing asked documents like service delivery proof, payment receipt) cases against their payment collected through RPP. RPP/RISL is not responsible for any types of debit against chargeback.

(*): - fields are mandatory compliances. Kindly attach required documents also.

Thanks & Regards

For _____ [Entity]

Name:

Designation:

Bank Certificate

This is to confirm that the above-mentioned Account details are correct. We certify that the signature agrees with the one on our records.

Date:

Place:

Bank Seal

Form - (To be filled by Department to integrate with RPP)

Merchant On-boarding form for Online Funds Collection through RPP**Organization/Department Details**

Name of Department / Organization				
Type	<input type="checkbox"/> Government <input type="checkbox"/> Private <input type="checkbox"/> Board <input type="checkbox"/> Other (Please specify) _____			
GST Number (*)				
Address				
City		State		Pin Code
Official e-Mail Id				

Nodal Officer Details (For any type of Communication)

Name			
Designation			
Mobile No		Tel No	
Official e-Mail Id			
SSO ID (If any)			

Subscription Details (To be filled by RPP)

Encryption Method	<input type="checkbox"/> No Encryption <input type="checkbox"/> AES 256 <input type="checkbox"/> 3DES
Checksum Method	<input type="checkbox"/> MD5 <input type="checkbox"/> SHA256 <input type="checkbox"/> SHA512
e-Mail alerts	<input type="checkbox"/> Yes / <input type="checkbox"/> No
SMS alerts	<input type="checkbox"/> Yes / <input type="checkbox"/> No

Annexures (Copy of Documents):

<input type="checkbox"/>	Certificate of Incorporation
<input type="checkbox"/>	Bank Account details (Where funds are to be Credited [duly sealed & signed by Bank])
<input type="checkbox"/>	PAN / TAN Card of Organization/Department or Corporate Office
<input type="checkbox"/>	GST Registration No of Organization/Department or Corporate Office
<input type="checkbox"/>	ID Proof of Nodal Officer
<input type="checkbox"/>	PAN Card of Nodal Officer
<input type="checkbox"/>	_____ (Specify if anything else)

Note:- (*) marked fields are mandatory.

Signature and Seal of the HOD/ Project OIC
Date: _____

Check List

Sl No	Particular	Yes/No
1	Completely Filled Annexure A	
3	Completely Filled Annexure B	
2	Annexure B verified by Bank	
3	Copy of PAN/TAN/Register of ULB	
4	Copy of PAN of Nodal Officer	
5	Copy of ID Proof of Nodal Officer i.e Aadhar	