ANNEXURE-A (V20241212)

Form - (To be filled by Department to integrate with RPP) Merchant On-boarding form for Online Funds Collection through RPP

Organization/Department Details

J	•					
Name o	f Department nization					
Туре		☐ Government ☐ Private ☐ Board Other (Please specify)				
GST Nu	mber (*)	,				
Address	i					
City			State		Pin Code	
Official	e-Mail Id					
Nodal O	fficer Details (For ar	y type of Com	munication)			
Name						
Designa	tion					
Mobile	Number			Phone Number		
Official	e-Mail Id					
Subscrip	tion Details (To be f	illed by RPP)				
Encrypt	ion Method (*)	☐ AES256	Γ	□ 3DES		
Checks	ım Method (*)	□ MD5	Γ	□ SHA256	□ SHA512	
e-Mail alerts		□ Yes	Ω	□ No		
SMS ale	rts	□ Yes □ No				
Integrat	ion Checklist:					
Payment API (*)		Whether inco	rporated:	☐ Yes	□ No	
Status API (*)		Whether inco	rporated:	☐ Yes	□ No	
Refund API (*)		Whether inco	rporated:	☐ Yes	□ No	
Refund Status API (*)		Whether inco	<u> </u>	☐ Yes	□ No	
Payment Callback (*)		Whether inco		☐ Yes	□ No	
Report API		Whether inco	rporated:	☐ Yes	□ No	
Departm	nent Policy URL's:					
Cancellation policy URL (*)						
Refund policy URL (*)						
Chargel	oack policy URL (*)					
Annexur	es (Copy of Docume	nts):				
	Certificate of Incorporation					
	Bank Account details	ank Account details (Where funds are to be Credited [duly sealed & signed by Bank])				
	PAN / TAN Card of Organization/Department or Corporate Office					
	GST Registration No of Organization/Department or Corporate Office					
	ID Proof of Nodal Officer					
	PAN Card of Nodal Officer					
	(Specify if anything else)					

Signature and Seal of the HOD/ Project OIC Date:

				B (V20210503)				
Data	(To be issued or	(To be issued on Entity Letterhead)						
Date:	TO WHOMSOEV	TO WHOMSOEVER IT MAY CONCERN						
Sub: Remittance of Funds Name]	collected through Pai	rtner Bank / Institut	ions for	[Dept				
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 Ch	nargeback Cases an	d Fund Settlem	ents				
Name of Person with Designation								
Email Id (Multiple if required)								
Mobile (Multiple if required)								
Payment Modes Require		2100		a= □				
Internet Banking	Credit Card	Debit Card	UPI 🗌	QR 📙				
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	[Enti	ty]						
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:				Bank Seal				

Place:

Check List

	Circul List	
i 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	