

Merchant Contact Details

Customer Name:

Merchant Establishment Name:

Account Number:E-mail ID:

Mobile Number:

+ 9 1

*Address:

*City/Town*State

*PIN CodeCountry

I N D I A

Customer Category / Constitution

☐ Sole Proprietorship

☐ Partnership

☐ Others

Nature of Business Activity

☐ Independent Retailers

☐ Franchises

☐ Grocery Shops, Departmental Stores,

☐ Medical Stores, Medical Labs, Diagnostic Centers

☐ Standalone Clinics, Hospitals

☐ Supermarkets, Hypermarkets

☐ Retail Outlets in Malls, Chain of Stores, Factory Outlets

☐ Others

☐ E-Stores

☐ Furniture Stores

☐ Salon & Beauty Parlors

☐ Dairy Outlets

☐ Jewellery Stores

☐ Electronic Stores, Software Stores

☐ Hardware Stores

Terminal Details

Terminal Quantity :

Terminal Model: ☐ Paper POS-ME 31 ☐ Android POS

PROPOSED MDR FOR MERCHANTS								
Category	DC < 2k	DC > 2k	CC STD	CC PR	CC S PR	CC CORP	Intl	RuPay CC on UPI
Government	0.40%	0.90%	1.00%	1.00%	1.00%	1.00%	2.50%	1.00%
Education	0.40%	0.90%	1.00%	1.00%	1.00%	1.00%	2.50%	1.00%
Super market	0.40%	0.90%	1.36%	1.36%	1.36%	1.36%	2.50%	1.40%
Home repair & const.	0.40%	0.90%	1.00%	1.00%	1.00%	1.00%	2.50%	2.15%
Property rental & management	0.40%	0.90%	1.00%	1.00%	1.00%	1.00%	2.50%	-
Public Transportation	0.40%	0.90%	1.00%	1.00%	1.00%	1.00%	2.50%	1.00%
Utilities	0.40%	0.90%	1.00%	1.00%	1.00%	1.00%	2.50%	-
Insurance	0.40%	0.90%	1.30%	1.30%	1.30%	1.30%	2.50%	1.00%
Bridge & Toll	0.40%	0.90%	1.00%	1.00%	1.00%	1.00%	2.50%	1.00%
Small Merchants T.O < INR 20.00 lacs	0.40%	0.40%	1.35%	1.35%	1.35%	1.35%	2.50%	2.15%
Fuel (Pvt. OEMs only)	0.40%	0.75%	0.00%	0.00%	0.00%	0.00%	2.50%	0.00%
Normal Retail Merchants T.O > INR 20.00 lacs	0.40%	0.90%	1.88%	1.88%	1.88%	2.30%	2.60%	2.15%

*Subject to change basis regulation guidelines from RBI/GOI/Axis Buy rates to STPL

(DEVICE COSTING OPEX)		
DEVICE TYPE	MONTHLY OPTION	ONE TIME + MUF PLAN
GPRS ME31	INR 449/- + GST	INR 6,499/- + GST ; MUF INR 129
ANDROID	INR 549/- + GST	INR 8,499/- + GST ; MUF INR 149

Customer Declaration

1. I/We confirm that the above information given by me/us to Jana Small Finance Bank Limited (the "Bank") /Bijlipay is true and complete.
2. I/We confirm that I/we have voluntarily opted for the Smart Merchant Program (the "Program") offered by the Bank.
3. I/We hereby accept the pricing model in relation to the Program and any periodic changes in the rental model in the future as updated by the Bank from time to time.
4. I/We further declare that I/we have read, understood and accepted all the terms and conditions and criteria related to the Program.
5. I/We understand that the Bank reserves the right to modify/discontinue the Program at any time at its sole discretion without providing any notice to me/us. I/We agree to be bound by all such modifications made in the Program by the Bank from time to time.
6. I/We understand that the Bank shall have the right, in its sole discretion to not extend the advantages of the Program to me/us, if any fraudulent activity is suspected/identified as being carried out by me/us in order to avail the benefits under the Program.
7. I/We agree to indemnify the Bank and its affiliates harmless against any sort of damage/loss incurred by the Bank in relation to the Program, including any misrepresentation/fraudulent activity/impermissible transactions.
8. I/We understand that I/we am/are signing this form since I am/ we are an authorized signatory (s) of my/our Current Account with the Bank and in no event a mandate holder can sign this form.
9. I agree that Jana Small Finance Bank/Bijlipay may use the information to establish and maintain my/our relationship with Jana Small Finance Bank/Bijlipay and to offer any services as permitted by law.
10. I/We hereby authorize bank to debit my/our bank account with the bank in case of any outstanding rental, recovery for lost/damage device or any other payments exceeding 30 days from the due date and pay the same to Bijlipay

Authorised Signatory 1/Proprietor:

Authorised Signatory 2/Proprietor:

Name of the Signatory 1/Proprietor:

Name of the Signatory 2/Proprietor:

For Bank Use Only

I have verified the details of Merchant. Bijlipay team will visit for document collection and deployment of terminal along with training for the same within 3 working days.

Employee Name:

Employee Code:

Branch Name:

Branch Code:

Branch Manager Name:

Zone:

RH/ RSM:

SMP : Yes ☐ No ☐☐ MSE ☐ SCM

Bank Authorized Signature