### APPLICATION ANNEXURE FOR RAZORPAY

# **JANA SMALL FINANCE BANK**

(A Scheduled Commercial Bank)

Merchant Contact Details							
Customer Name:							
Merchant Establishment Name:							
Account Number:	E-mail ID:						
Mobile Number:	+ 9 1						
*Address:							
*City/Town			*State				
*PIN Code	Country	INDIA					
Customer Category / Constitution							
Sole Proprietorshi	p	Partnership		Others			
Nature of Business Activity							
Independent Retai	lers		E-Stores				
Franchises			Furniture Stores				
Grocery Shops, Departmental Stores,			Salon & Beauty Parlors	Salon & Beauty Parlors			
 Medical Stores, Medical Labs, Diagnostic Centers			Dairy Outlets	Dairy Outlets			
Standalone Clinics, Hospitals			Jewellery Stores	Jewellery Stores			
Supermarkets, Hypermarkets			Electronic Stores, Software Stor	Electronic Stores, Software Stores			
Retail Outlets in Malls, Chain of Stores, Factory Outlets			Hardware Stores				
Others							

### Terminal Charges

Rent per Month							
Device Type	PTPM* (INR) Paper roll* (per unit INR)		SMS (e-chargeslip per SMS INR)				
Android Printer	500	15	0.15				
Android Printer less	450	0	0.15				

MDR Rates				
Particulars	Rates			
Credit Card (Visa / Mastercard / RuPay)				
Grocery and Supermarkets	1.25%			
Utility	1.10%			
Government	1.00%			
Education	1.10%			
Fuel	1.10%			
Insurance	1.10%			
Transport	1.10%			
International Card / Corp Card / AmEx / Diners	2.75%			
Debit Card & BQR through Debit Card (Excl RuPay)				
<2000	0.40%			
>2000	0.90%			
General	1.89%			

\*the above charges are exclusive of the applicable taxes

\*the ptpm (per terminal per month) charges include platform fee, SIM cost, installation, de-installation, device replacement, break-fix calls via call centre/ field visit \*for all new installations, 2 paper roll per device will be allocated/dispatched at no cost. Thereafter, the cost mentioned above will be applicable per unit to bank/referred merchants.

## **JANA SMALL FINANCE BANK**

(A Scheduled Commercial Bank)

### **Customer Declaration**

- 1. I/We confirm that the above information given by me/us to Jana Small Finance Bank Limited (the "Bank") /Razorpay 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/Razorpay may use the information to establish and maintain my/our relationship with Jana Small Finance Bank/Razorpay 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 Razorpay

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. Razorpay 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 N	lame:
Branch Code:	Branch Manager Name:	Zone:
RH/ RSM:	SMP : Yes No	

Bank Authorized Signature