Application for Installation of POS (Point of Sale) Machine & Merchant Agreement Form

PSTN

Security: Rs. 6000/- FDR
Enrollment Fees: Rs. 500/- (Mandatory)

GPRS Fixed/Wireless/PC POS
(at present PC POS for group merchants only)

Security: Rs. 10000/- FDR
Enrollment Fees: Rs. 750/- (Mandatory)

CIN: U65990MH1994GOI081616
Service Tax Number: AAACB1989LST001
**MERCHANT ESTABLISHMENT/ENROLMENT (ME) FORM**

**CHECK LIST FOR AREA OFFICES INCHARGE OF BOBCARD LTD.**

**(BEFORE FORWARDING TO CORPORATE OFFICE FOR APPROVAL)**

1. **KYC letter from Bank of Baroda branch containing:**
   a) Name of Establishment
   b) Account Type, Number & Account Opening Date
   c) Turn over (Should match with turn over mentioned in ME application form)
   d) (MDR) i.e., Merchant Discount Rate
   e) Mandated Documents
   f) FDR (Security Deposit) with clear marking for waiver if any. - Duration: 3 Years
   g) Enrolment Fees collected (Amount should be clearly mentioned)
   h) Type of POS terminal/equipment should be clear - PSTN / GPRS FIXED /GPRS Wireless
   i) Signature of BOB Branch Head with Signature Number, Name and Designation
   j) Rubber seal of BOB branch.

2. **ME Enrolment Form - duly filled (in CAPITAL LETTERS)**
   a) Signature of Authorized Signatory of ME with Stamp - on Page 2 of Application form
   b) Signature of BCL AO incharge with Stamp, Name and Designation.
   c) Signature of BOB Branch Head with name, Signature Number, Stamp, and designation.

3. **ME Agreement -**
   a) Agreement should be as per given format preferably in green paper without any correction / alteration.
   b) All pages of ME Agreement should be signed by AO In charge (with stamp) and ME (with and without stamp).

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Firm Types</th>
<th>From ME</th>
<th>From BCL AO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Proprietorship</td>
<td>Sign of proprietor with stamp on all pages.</td>
<td>Sign of proprietor without stamp on all pages.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sign of AO Incharge / Comp. Authority with stamp on all pages.</td>
</tr>
<tr>
<td>2</td>
<td>Partnership</td>
<td>Sign of ALL partners/ or Mandate authorised by all the partners with stamp on all pages.</td>
<td>Sign of ALL partners/ or Mandate authorised by all the partners without stamp on all pages.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sign of AO Incharge / Comp. Authority with stamp on all pages.</td>
</tr>
<tr>
<td>3</td>
<td>Company / HUF / TRUST</td>
<td>Sign of Authorised Signatory (as per Board Resolution / KYC doc) with signatory stamp on all pages.</td>
<td>Not Applicable</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sign of AO Incharge / Comp. Authority with stamp on all pages.</td>
</tr>
</tbody>
</table>

c) Last page of ME agreement should be stamped & signed by
   1. AO in charge and AO witness to sign with name at appropriate place.
   2. ME (Proprietor/All Partners/Directors/Mandate/Authorised Person’s and Merchant’s witness to sign with name and address at appropriate place.

d) On the ME Agreement, alteration (if any) should be authenticated by
   1. AO In charge (Signature with stamp).
   2. ME (Proprietor/All Partners/Directors/Mandate/Authorised Person’s - (Signature with/without stamp).

4. **Stamp Paper/Franking/Adhesive stamp in case of applicable States only/ e-stamping**
   a) Stamp paper to be purchased in the name of BOBCARDS LTD./ME only.
   b) The purchase date of the agreement paper/E-stamping should be of the date prior to the execution date of the agreement but the same should not be more than 6 months old.
   c) All information like date of agreement, Proprietor/Partners/Director’s/Authorised Person’s and Establishment’s name must be filled in the appropriate space provided for same in the 1st page of the Agreement.
   d) All information like date of agreement, ME agreement 1st paragraph should be written on stamp paper with
      1. ME to sign BOTH with and without stamp
      2. AO in charge to sign with stamp as required.
   e) In case of adhesive stamp, it should be duly cancelled by stamp vendor and/or Govt. notified competent authority with stamp, date and sign.
5. **ME site visit report -**
   a) ME site visit report with all details duly filled in with name, designation, signature of officer who is verifying the site.
   b) It should be attested by BOB Manager (BOB Branch Head) with stamp, name, signature and signature number.
   c) Nature of business given in the enrolment form must be verified & confirmed in the site visit report.

6. **Cost Benefit Analysis in format I OR II (If MDR is less than 1.5%)**
   a) Annexure I (if A/c is current) duly calculated & recommended by BOB Branch Head with Sign, Signature No. & stamp.
   b) Annexure II (if A/c is OD/ CC) duly recommended by competent authority from BOB Regional Office with sign & stamp.

7. **FDR (Security Deposit) Waived / Obtained -**
   a) If FDR is to be waived then confirmation for the same with reason(s) is required in Bank Of Baroda Branch Recommendation Form.
   b) In case of FDR Obtained, it should be in the name of ME and lien to be noted for BOBCards on face of FDR duly signed by BOB Branch Head/official.
   c) Original FDR need to be attached with ME application form & sent to Corp. Office.

8. **Photograph -**
   a) Passport/ Stamp size photograph of Proprietor/All Partners/Directors/including authorised persons should be affixed in the prescribed space provided in the ME application form.
   b) Shop exterior photograph with signboard and interior with stock and staff to be affixed in the prescribed space provided in the booklet.

9. **PANCARD - Self-attested copy of Proprietor/ Partners/ all designated Partners in case of LLP/ Directors/ Firm/ Company/ Authorised Person to be verified against original by BOB Branch.**

10. **Shop registration certificate - Attested copy (verified against original) of shop establishment registration / Sales tax / Tin number should be mentioned with proper establishment name and address and it should match with the details which is mentioned in ME application form.**

11. **a. Board Resolution:-** In case of PVT LTD Company/Others, board resolution is required in prescribed format with the name of authorized person and signature duly certified by all directors /chairman as the case may be.
    b. **Partnership deed:-** In case of partnership firm/LLP, self-attested copy of partnership deed/LLP deed and /or letter of Partnership on establishment letter head duly certified by all partners is required.

12. **Bank Statement -**
    a) If account is newly opened in Bank of Baroda then BOB account statement is required since account opening date to till date and 6 months previous bank statement of any other Bank.
    b) If account is old in Bank of Baroda, then statement of the A/c as specified in ME enrolment form & Bank Of Baroda Branch Recommendation Form for 6 months is required.

13. **If ME name is different on ME application form & on signboard given in shop photograph then clarification should be given at the time of submission of ME application form.**

14. **If shop and residential address is same then confirmation for address should be given at the time of submission of ME application form.**

15. **Contact person name and contact number should be mentioned in ME application form.**

16. **Proper shop address and residential address with pin code is required.**

17. **For additional POS terminal(s)/equipment(s) at same location, the details are required to be specified in an Annexure to ME Application Form with recommendation from Bank of Baroda Branch Head.**

18. **For additional POS terminal/equipment at different location, the details are required to be specified in an Annexure to ME Application Form with recommendation from Bank of Baroda Branch Head, along with documents such as Address Proof, Shop Photograph (Interior & Exterior) and Merchant Site Inspection Report (for each location) separately.**

19. **On receipt of completed application form/agreement from the Merchant, please give a copy of Merchant Agreement, DO’s & DONT’s and Guidelines on Safe Card Acceptance to the Merchant against acknowledgement receipt.**
Date: ___/___/____

To,

M/s. Bobcards Ltd.
( Merchant Business & Risk Management Dept.)
Baroda House, Behind Dewan Shopping Centre, S V Road, Jogeshwari (W), Mumbai - 400 102

Ref: Enrolment of M/s._____________________________as Member Establishment of M/s. BOBCARDS Ltd.,

The firm M/s._____________________________having _____________account (type) with us since ________having account no __________________________ and we confirm /undertake the following and recommend the ME firm as above for enrolment with M/s. Bobcards Ltd. for Card acceptance.

1. We have conducted an inspection of the ME Shop, Stock, Activity & premises and verified all KYC Documents in original of the ME firm. (The copy of KYC documents is kept on records, with us.)

2. We advise that the ME has assured a monthly turnover of Rs. ___________ on approval and installation of EDC Machine, in case the Customer does not give the assured Business, then we will arrange to lift the EDC Machine from the Merchant as per your request. (since the Machine is installed free of Cost) OR will collect and remit the rental charges as and when advised by M/s. Bobcards Ltd.

3. We have done CBA analysis and submit details in (Annexure I ) and recommend MDR______________ for enrolment./OR we enclose herewith Regional Office approval for borrowal account/s. (Annexure II)

4. We recommend for enrolment and undertake that we would arrange to collect from the Merchant and submit any document required for defending Charge back (the debits received from Issuer Bank on account of any transaction disputed by the Cardholder after using the card for any purchase at the said ME) within 4 days of receiving request for same or recover the total dues from the Merchant in the event of chargeback loss and remit the same to M/s. Bobcards Ltd. in total as and when requested.

5. We enclose herewith/submit:
   - Merchant Enrolment form.
   - Merchant Agreement(stamped)
   - Merchant site Visit Report
   - Photo of establishment – Sign board with name visible
   - Staff & stock showing clear business activity
   - Passport/ Stamp size photo of Proprietor, all partners, directors, authorized signatory (as the case may be)

   - Cost Benefit Analysis (Annexure I/II )
   - 06 months bank statement
   - FDR- OBTAINED/ WAIVED
     (FDR should be for a minimum period of 36 months and lien marked in favor of M/s. Bobcards Ltd.)
   - Copy of Pan Card of establishment.
   - ONE TIME ENROLMENT FEES RECOVERED.
     - Rs.750/- for GPRS Fixed/Wireless/PC POS (Rs.______for______no. of GPRS Fixed/Wireless/PC POS)
     - Rs.500/- for PSTN (Rs.______for______no. of PSTN)

Yours faithfully,

Signature - with stamp of Branch Head/Authorised Signatory: ________________________________
Name & Designation: ________________________________
Signature Number-Mandatory: ________________________________
Branch Name: ________________________________

(SAME IS NOT ACCEPTABLE WITHOUT SIGNATURE NUMBER & STAMP OF THE BRANCH HEAD/AUTHORISED SIGNATORY)
BOBCARDS LTD
Regd & Corporate office: “Baroda House “ Behind Deewan shopping Centre, S.V Road, Jogeshwari (W) , Mumbai-400102 INDIA, Phone:91 4206 8502; Fax:91 22 2677 7560

(APPLICATION FORM FOR MERCHANT ESTABLISHMENT WITH M/S. BOBCARDS LTD.)
(To Be Filled in Capital Letters)

MERCHANT OFFICE DETAILS

Name of the Establishment M/s.: ______________________________________________________________
Address of the Establishment: ________________________________________________________________
Pin Code: ____________
Type of Establishment: [ ] Proprietorship [ ] Partnership [ ] Pvt. Ltd./Public Ltd. [ ] Company [ ] Trust
[ ] LLP [ ] CLUB [ ] NGO [ ] Other (Please Specify) ________________________________
Year of Establishment: _________________________ Shop & Esta. No: _________________________
Sales Tax No.: ____________________ TIN: ____________________ PAN (As applicable): ________________
Name of the Owner/Proprietor/Partners: ______________________________________________________
Authorized Person of Company/Trust/Others: ________________________________________________
(Mandate If any for Proprietor/Partners)
Email ID: ________________________________ Website (If any): __________________________________
Contact Details: Office: __________________ Fax: __________________
(Phone Number) (with STD Code) (with STD Code)
(Mandatory)
Mobile: ________________________________
Office Premises Status (Tick Where applicable)
[ ] Self-Owned [ ] Rented [ ] Lease
No of Years at Current Location: ____________________

MERCHANT RESIDENCE DETAILS

1) For First Owner (Proprietor/Partners/Directors/Authorized Person): __________________________
Pin Code: ____________ Residence Phone No. (with STD code): __________________ Mobile No: ____________
2) For Second Owner (Partners/Directors/Authorized Person): _______________________________
Pin Code: ____________ Residence Phone No. (with STD code): __________________ Mobile No: ____________
Residence Premises Status (Tick Where applicable)
For First Owner [ ] Self-Owned [ ] Rented [ ] Lease
No of Years at Current Location: ____________________
For Second Owner [ ] Self-Owned [ ] Rented [ ] Lease
No of Years at Current Location: ____________________

MERCHANT BUSINESS INFORMATION

NATURE OF BUSINESS (DEALS IN)
(Describe major items sold/line of Business) ______________________________________________________
Business Hours: ________________________________ Business Income: ________________________________

TURNOVER DURING LAST 3 YEARS:
Year: __/__/____ T.O.: __________ Year: __/__/____ T.O.: __________ Year: __/__/____ T.O.: __________

Page 1 of 4
Expected Card Business / Per Month ___________________________ Average Bill Amount (Ticket Size) ____________________________

Name of Account M/s. ________________________________

NAME OF THE BANK & BRANCH: ________________________________

BRANCH DETAILS (i.e., email id/ Phone/ Mobile No.): ________________________________

DATE A/C OPENED ____/____/____/ A/C NO. ____________________________________________

IFSC CODE: [B A R B 0] __________

Merchant Statement Frequency: Monthly: (FREE) Daily [ ] Weekly [ ] Fortnight [ ]: (STANDARD FEES APPLICABLE) (ONLY SOFT COPY) e-mail is mandatory to avail this service

OTHER DETAILS

MEMBER OF ANY OTHER BANK : ________________________________

Bank Name: ________________________________ MDR: _______________ Member Since: _______________

If Existing BOBCARDS ME : ________________________________

MID: ________________________________ TID: ________________________________

Current MDR: ________________________________ Member Since: _______________

BOB Credit Card Holder (If): (Yes/No) Card No : ________________________________ Member Since: _______________

MERCHANT ESTABLISHMENT DECLARATION

Type of POS Machine Required: [ ] PSTN [ ] GPRS FIXED [ ] GPRS Wireless [ ] PC POS
NO OF POS/ EDC MACHINE REQUIRED ________________________________

(separate ANNEXURE to this form is required to be filled by merchant for additional terminals at same/different location)

I/We request to accept MDR / Commission: ________________________________ + Applicable Taxes based on committed business volume.

I/We hereby confirm that all information given to BOBCARDS Ltd., in this form is correct and accurate and want to have an exclusive acquiring relationship with BOBCARDS Ltd. I/We agree to pay rental charges applicable from time to time. I/We shall agree and abide by the terms and conditions laid down/ or contents mentioned hereto in merchant agreement. I/We also agree to return the POS Terminal / or reimburse Rs. 10,000/- (if the terminal is lost/damaged) to BOBCARDS Ltd. in case the agreement is terminated mutually or otherwise.

I further confirm that I have read and understood rules applicable for merchant establishment & also acknowledge the receipt of copy of Merchant Agreement, DO’s and DONT’s for merchant establishment, Guidelines on Safe Card Acceptance & POS feature/s accordingly.

Place: ________________________________

Date: ________________________________

Your faithfully,

Proprietor/Partners/ Director/ Authorised Signatory *
(with rubber stamp of the firm)

*Attach mandate in respect of Authorised Signatory
ANNEXURE

We have visited the place of business of the Member Establishment and recommend for enrolment, against the following confirmation:

- Proper Verification done
- FDR Collected/Recommended for waiver
- Merchant Agreement
- Shop Registration & Establishment proof Collection
- Enrollment Fee Rs. 500/Rs. 750 collected (one time charges) & credited to OD Account No. ___________ On DD MM YYYY
- Memorandum of Association & Article of Association collected (for Ltd./Pvt. Ltd., Company/Trust)
- Letter of Authority Collected (for Partnership/LLP Firms)

Type of POS Machine Recommended: [ ] PSTN [ ] GPRS FIXED [ ] GPRS Wireless [ ] PC POS at MDR / COMMN : ______

I/We Confirm that we have checked and verified all the details given in this form:

<table>
<thead>
<tr>
<th>SL. No.</th>
<th>DBA (Doing Business As) i.e., Charge Slip Name</th>
<th>Address with PIN code</th>
<th>Type of POS terminal(s)/equipment(s)</th>
<th>Bank Account Number to be linked with POS terminal(s)/equipment(s)</th>
<th>Contact Person Name &amp; Phone/Mobile Number &amp; e-Mail Id.</th>
</tr>
</thead>
<tbody>
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*Use separate Sheet, if required.

Place : __________________________
Date : __________________________

Your faithfully,

Proprietor/Partners/Director/Authorized Signatory *
(With Rubber Stamp of the Firm)

FOR OFFICE USE ONLY

MERCHANT ESTABLISHMENT /ENROLMENT through BANK OF BARODA & AREA OFFICE’S RECOMMENDATION

We have visited the place of business of the Member Establishment and recommend for enrolment, against the following confirmation:

- Proper Verification done
- FDR Collected/Recommended for waiver
- Merchant Agreement
- Shop Registration & Establishment proof Collection
- Enrollment Fee Rs. 500/Rs. 750 collected (one time charges) & credited to OD Account No. ___________ On DD MM YYYY
- Memorandum of Association & Article of Association collected (for Ltd./Pvt. Ltd., Company/Trust)
- Letter of Authority Collected (for Partnership/LLP Firms)

Type of POS Machine Recommended: [ ] PSTN [ ] GPRS FIXED [ ] GPRS Wireless [ ] PC POS at MDR / COMMN : ______

I/We Confirm that we have checked and verified all the details given in this form:

<table>
<thead>
<tr>
<th>Number of POS terminal(s)/equipment(s)</th>
<th>Type of POS terminal(s)/equipment(s)</th>
<th>Bank Account Number to be linked with POS terminal(s)/equipment(s)</th>
<th>Contact Person Name &amp; Phone/Mobile Number &amp; e-Mail Id.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<th>DBA (Doing Business As) i.e., Charge Slip Name</th>
<th>Address with PIN code</th>
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</table>

*Use separate Sheet, if required.

Place : __________________________
Date : __________________________

Proprietor/Partners/Director/Authorized Signatory *
(With Rubber Stamp of the Firm)

BANK OF BARODA (BRANCH MANAGER/RO Representative/ROBM)

Signature of Bank of Baroda Manager : ____________________________
(With Stamp)

Name & Designation : ____________________________
Sign No : ____________________________
Branch Name : ____________________________
Branch Code : ____________________________
Date : ____________________________

BRANCH SEAL : ____________________________

BOBCARDS LTD. (AREA OFFICE INCHARGE)

Signature of Area Office In-charge : ____________________________
(With Stamp)

Name & Designation : ____________________________
EC Code : ____________________________
Area Office Name : ____________________________
Area Office Code : ____________________________
Date : ____________________________

A.O. SEAL : ____________________________

www.bobcards.com
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AML</td>
<td>Anti-Money Laundering</td>
</tr>
<tr>
<td>BCL</td>
<td>Bobcards Limited</td>
</tr>
<tr>
<td>BIN</td>
<td>Bank Identification Number</td>
</tr>
<tr>
<td>BOB</td>
<td>Bank of Baroda</td>
</tr>
<tr>
<td>CARD AFFILIATES</td>
<td>“Card Affiliates” includes VISA, Mastercard, Rupay (NPCI) &amp; any other card affiliate acceptable to Bobcards Ltd., presently or in future offering credit, debit or any other card program to issuers.</td>
</tr>
<tr>
<td>CDMA</td>
<td>Code Division Multiple Access</td>
</tr>
<tr>
<td>CVC</td>
<td>Card Verification Code</td>
</tr>
<tr>
<td>CVV</td>
<td>Card Value Verification</td>
</tr>
<tr>
<td>CVV2</td>
<td>Card Verification Value 2</td>
</tr>
<tr>
<td>CVVC2</td>
<td>Card Value Verification Code 2</td>
</tr>
<tr>
<td>DBA</td>
<td>Doing Business As (i.e., Charge Slip Name)</td>
</tr>
<tr>
<td>DCC</td>
<td>Dynamic Currency Conversion</td>
</tr>
<tr>
<td>EDC</td>
<td>Electronic Data Capturing Machine</td>
</tr>
<tr>
<td>EMV</td>
<td>Europay MasterCard Visa</td>
</tr>
<tr>
<td>FDR</td>
<td>Fixed Deposit Receipt</td>
</tr>
<tr>
<td>FIRC</td>
<td>Foreign Inward Remittance Certificate</td>
</tr>
<tr>
<td>GPRS</td>
<td>General Packet Radio Service</td>
</tr>
<tr>
<td>GSM</td>
<td>The Global System for Mobile Communications</td>
</tr>
<tr>
<td>IIN</td>
<td>Issuer Identification Number</td>
</tr>
<tr>
<td>M2M</td>
<td>Member-to-Member</td>
</tr>
<tr>
<td>MASTERCARD</td>
<td>MASTERCARD is international based settlement agency for company so called as affiliates</td>
</tr>
<tr>
<td>MCC</td>
<td>Merchant Category Code</td>
</tr>
<tr>
<td>MDR</td>
<td>Merchant Discount Rate</td>
</tr>
<tr>
<td>ME</td>
<td>Member Establishment/Merchant Establishment/Merchant Enrolment</td>
</tr>
<tr>
<td>MOTO</td>
<td>Mail Order/Telephone Order</td>
</tr>
<tr>
<td>NEFT</td>
<td>National Electronic Fund Transfer</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Government Organization</td>
</tr>
<tr>
<td>NPCI</td>
<td>National Payment Council of India</td>
</tr>
<tr>
<td>PC POS</td>
<td>Personal Computer Point Of Sale (i.e., Custom products to integrate Merchant’s cash register application with EDC POS to handle end-to-end billing and payment collection using Cards in the same application.)</td>
</tr>
<tr>
<td>PCI/DSS</td>
<td>Payment Card Industry/Data Security Standard</td>
</tr>
<tr>
<td>POS</td>
<td>Point Of Sale</td>
</tr>
<tr>
<td>PSTN</td>
<td>Public Switch Telephone Network</td>
</tr>
<tr>
<td>RBI</td>
<td>Reserve Bank of India</td>
</tr>
<tr>
<td>RTGS</td>
<td>Real Time Gross Settlement</td>
</tr>
<tr>
<td>RUPAY</td>
<td>RUPAY is domestic settlement agency for company so called as affiliates</td>
</tr>
<tr>
<td>ST</td>
<td>Service Tax</td>
</tr>
<tr>
<td>TLE</td>
<td>Terminal Line Encryption</td>
</tr>
<tr>
<td>UKPT/DUKPT</td>
<td>Unique Key Per Terminal/ Derived Unique Key Per Transaction</td>
</tr>
<tr>
<td>VISA</td>
<td>VISA is international based settlement agency for company so called as affiliates</td>
</tr>
<tr>
<td>WORLDLINE</td>
<td>Worldline India Pvt Ltd. is payment &amp; EDC stock management service provider for company</td>
</tr>
</tbody>
</table>
# MERCHANT SITE INSPECTION REPORT

(To be completed in all respect)

Date: ____/____/_____
Time of Visit: ______________
(With AM/PM marked)

<table>
<thead>
<tr>
<th>Merchant Name:</th>
<th>Contact Person/Owner:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Legal/ Corporate Name (For Pvt /Ltd Co.):</th>
<th>Contact Person/Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

| Address of the firm: | |
|----------------------| |

| Address, name and phone # of landlord if merchant location is leased: | |
|---------------------------------------------------------------------| |

<table>
<thead>
<tr>
<th>Infrastructure Sighted: Computer/ Fax/ Telephone/ Photocopier/Sign Board</th>
<th>Please mention name of the Establishment as seen on Sign Board:</th>
</tr>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Have you confirmed the identity of the person who signed the application?</th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
</table>

(PLEASE ATTACH COPY OF ID PROOF VERIFIED)

<table>
<thead>
<tr>
<th>Have you taken pictures of the inside and outside of the premises with stocks &amp; staff?</th>
<th>Yes ☐ No ☐</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Type of Business Activity:</th>
<th>(Please specify correctly to decide MCC (Merchant category))</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Merchant appears to be conducting business as represented in application?</th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Visiting Card Obtained In Proof of Visiting:</th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
</table>

| Business Location: | |
|--------------------| |
|                    | Business District ☐ Industrial ☐ Residential ☐ Shopping Mall ☐ SLUM ☐ |

| Condition of Shop: | |
|--------------------| |
|                    | Well Kept ☐ Renovation ☐ Deterioration ☐ |

| Premises Status: | |
|------------------| |
| Owned / Rented/ Leased | |

<table>
<thead>
<tr>
<th>Number of Employees:</th>
<th>Area of the Shop (In Sq Feet):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Days of Working:</th>
<th>Working Hours:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stock: Does the stock match the type of business?</th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is there enough stock to support business volume?</th>
<th>Yes ☐ No ☐</th>
</tr>
</thead>
</table>

| Approx. Expected Volume As Per Shop Stock Seen: | |
|------------------------------------------------| |

| Approached By: Merchant ☐ Bank Of Baroda ☐ Staff of Area Office ☐ |
|-------------------------------------------------------------------| |

<table>
<thead>
<tr>
<th>Remarks:</th>
</tr>
</thead>
</table>

I/We hereby certify that I/We have personally inspected the business premises of the merchant at this address on date: ____/____/_______ & confirm that I/We have checked & verified all the details given in this form.

<table>
<thead>
<tr>
<th>Site Verified By:</th>
<th>Signature - with stamp of BOB Manager:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Name &amp; Designation:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Designation:</th>
<th>Signature No-Mandatory:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature:</th>
<th>Branch Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Branch SEAL (Mandatory):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>
ESTABLISHMENT EXTERIOR PHOTO WITH SIGNBOARD -1- (WITH SELF-ATTESTED)
<paste photo here>

ESTABLISHMENT INTERIOR PHOTO WITH STOCKS & STAFF -2- (WITH SELF-ATTESTED)
<paste photo here>

AFFIX SELF ATTESTED COPY OF PAN CARD OF ESTABLISHMENT
DULY VERIFIED (WITH ORIGINAL) BY BOB.
<paste photo here>

AFFIX SELF ATTESTED PASSPORT SIZE PHOTOGRAPH OF OWNER/S
DULY VERIFIED BY BOB.
<paste photo here>
# ANNEXURE I

## COST BENEFIT ANALYSIS FOR MERCHANT ENROLMENT
FOR ME HAVING CURRENT ACCOUNT WITH BANK OF BARODA.

### MERCHANT DETAILS

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Name of the Merchant Establishment</td>
</tr>
<tr>
<td>2</td>
<td>Nature of Business</td>
</tr>
<tr>
<td>3</td>
<td>Banking relation with Branch SINCE</td>
</tr>
<tr>
<td>4</td>
<td>Expected Volume of Card business</td>
</tr>
<tr>
<td>5</td>
<td>Current Account Number</td>
</tr>
<tr>
<td>6</td>
<td>MDR Recommended @ _______% (Not Less than 1 %)</td>
</tr>
<tr>
<td>7</td>
<td>Average daily balance in current Account</td>
</tr>
</tbody>
</table>

### Cost Benefit Analysis (To be filled up if MDR is recommended below 1.5%)

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>AMOUNT (INR)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EXPENDITURE</td>
</tr>
<tr>
<td></td>
<td>AMOUNT (INR)</td>
</tr>
</tbody>
</table>

**EXPENDITURE**

- Subvention Payable to BOBCards Ltd.

<table>
<thead>
<tr>
<th></th>
<th>DESCRIPTION</th>
<th>AMOUNT (INR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1.5 % - A (recommended MDR) = B</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>Yearly Amount of Card business * B% = Y</td>
<td></td>
</tr>
</tbody>
</table>

**ESTIMATED YEARLY BENEFITS**

<table>
<thead>
<tr>
<th></th>
<th>DESCRIPTION</th>
<th>AMOUNT (INR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Interest Benefit on average Balance from the Current Account @ .... % (as HO Intt for Yield)</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Average Balance * .... % = X (PREVAILING RATE OF H.O. INTEREST)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Benefits X-Y (It must be Positive (+ve))</td>
<td></td>
</tr>
</tbody>
</table>

Merchant M/s__________________________ recommended for enrolment at MDR _______% with subvention ________% to Bobcards Ltd.

Yours faithfully,

Signature - with stamp of Branch Head/Authorised Singnatory : ______________________________

Name & Designation : ______________________________

Signature Number-Mandatory : ______________________________

Date:____/____/_____  

Branch SEAL (Mandatory)

(SAME IS NOT ACCEPTABLE WITHOUT SIGNATURE NUMBER & STAMP OF THE BRANCH HEAD/AUTHORIZED SIGNATORY)
COST BENEFIT ANALYSIS FOR MERCHANT ENROLMENT
FOR ME HAVING BORROWAL ACCOUNT WITH BANK OF BARODA

Name of the Region : ________________________________
Name of the Branch    : ________________________________
ME Name               : ________________________________
Nature of Business    : ________________________________
Banking relation with Branch SINCE : ________________________________
Expected Volume of Card business : ________________________________

Limits with BOB
: FB (in lacs) ______________________
: NFB (in Lacs)_____________________

A/C No. Linked with POS where payment
to ME will be credited : ________________________________

Recommended MDR by Regional Head : ________ %

Merchant Messers_____________________________________ recommended for enrolment at
MDR___________% with subvention_______________% to Bobcards Ltd.

Signature
Name of Signatory
(With Seal)
Date:____/____/_____
GUIDELINES ON SAFE CARD ACCEPTANCE TO MERCHANT ESTABLISHMENT/S

1. Please CHECK Card Plastic to see any abnormality. Verify Visa / Master Card Emblem/RUPAY, Logo, preprinted Bank Name & the validity of the card before the transaction.

2. DO VERIFY all Card features, Identity of Cardholder & Match Signature on charge slip (in case of PIN not verified transaction) with signature on the Card for all transactions. Do not accept unsigned cards.

3. DO CHECK genuineness of cardholder & card thoroughly with identifications produced by the cardholder.

4. DO VERIFY (documents thoroughly from original ones). Collect cardholder/s documents and related documents for all the transactions accepted and RETAIN at least for a period up to 13 months.

5. DO Make INVOICE with all Terms & Conditions printed & get invoice & Charge slip signed (for PIN not verified transactions) from cardholder for all such transactions. Retain original Charge Slip (Merchant Copy), with proper customer sign on it & invoice.

6. In case of cross border/foreign card transaction, collect the Passport Copy, Visa Copy & verify customer identity before doing the transaction. Ensure to keep records of invoice details signed & goods receipts acknowledged by card holder.

7. DO submit requisite documents to the nearest area office of Bobcards Ltd/BOB branch upon request wherever the amount is withheld in risk triggers immediately so as to enable/release such withheld payments.

8. DO follow safe card acceptance to take full benefit/privilege of T+1 day payment processing system as extended by company.

9. DO NOT split the amount / or do not encourage multiple swipes for a single amount transaction.

10. DO NOT provide CASH against the Credit Card/Prepaid Card and Gift Card.

11. DO Follow instruction from POS (Approve/Decline/ Pick-Up Etc.)

12. DO NOT use your own card at POS terminal/establishment enrolled as merchant with company.

13. DO NOT use expired charge slip/paper rolls (i.e., expiry date as mentioned on right side of the charge slip).

14. Any suspicion on Card /Transaction observed please request for verification i.e.: Code- 10 authorization or contact Bank/BCL official/s immediately.

15. In case of magnetic stripe card/chip card/gift card/prepaid card follow proper card acceptance guidance provided by BCL/BOB officials/ATOS WL service provider at the time of POS installation.

16. DO Close the EDC Batch on day-to-day basis & retain charges slip & batch settlement copy.

17. Per month per terminal rent will be charged if profitable actual turnover is not received from the installed POS terminal.

18. All statutory charges/taxes shall be applicable at prevailing rates.

19. In case of Customer disputes/chargebacks, the transaction amount will be on hold as per stipulated time norms and in case of fraudulent card charges/acceptance by the merchant on POS machine all such amounts shall be BLOCKED by the company for a period up to 13 months. Such reported fraudulent charges/transactions shall be forfeited/vindicated after the enquiries/assessment is/are reached, on account of various guidelines and stipulated time norms, subject to non-receipt of dispute/arbitration from the issuer banks. The company reserves right to impose penalty to such transactions at the rate determined by the Company.

20. Return the EDC/PC POS to the nearest office of Bobcards Ltd/Bank of Baroda or the designated personnel of company/bank/Service Provider, immediately on discontinuation of the Merchant Agreement.

SIX WARNING SIGNS TO FIGHT FRAUD

Certain customer behavior could point to card fraud, but it doesn’t necessarily indicate criminal activity. You know your customers, so let your instincts steer you in the right direction.

Watch out for customers who:
(a) Purchase a large amount of merchandise without regard to size, style, colour, or price.
(b) Ask no questions on major purchases.
(c) Try to distract or rush you during the sale.
(d) Make purchases and leave the store, but then return to make more purchases.
(e) Make large purchases just after the store’s opening, or as the store is closing.
(f) Refuse free delivery for large items.

21. For EDC technical complaints and for paper rolls please contact the helpline numbers given on the sticker labelled on side of EDC Terminal / or at respective Bobcards Area Office. (details of company contact information is attached with this application)

Signature of Area Office Incharge: __________________________
(Name & Designation With Proper Stamp)

Merchant’s Signature: __________________________
(Stamp Of Proprietor / Partners / Directors /Authorized Signatory)

Date: ____________

Date: ____________
## DOS AND DONT’S FOR MERCHANT ESTABLISHMENTS

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<thead>
<tr>
<th>No.</th>
<th>Dos</th>
<th>Don’ts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Display in easily visible locations, that you accept all types of cards (Mastercard, Visa &amp; RUPAY)</td>
<td>Use your own credit / debit cards on your own POS terminal.</td>
</tr>
<tr>
<td>2</td>
<td>Check card Plastic to see any abnormality. Verify Visa / Master / Rupay card emblem, logo, preprinted Bank Name &amp; the validity of the card before the transaction.</td>
<td>Accept white plastic / card without logo of Bank / Mastercard / Visa / RUPAY / AMEX.</td>
</tr>
<tr>
<td>3</td>
<td>Maintain control over your credit card POS machine and keep it in safe and good condition at all times.</td>
<td>Move / shift the EDC POS terminal to any new location without informing to M/s. Bobcards Ltd.</td>
</tr>
<tr>
<td>4</td>
<td>Verify all Card features, Identity of Cardholder &amp; Match Signature on charge slip with signature on the Card for all transactions. Do not accept unsigned cards.</td>
<td>Accept any card without authorization. (Authorization is an indication that account funds or credit is available and the card has not been reported as lost or stolen).</td>
</tr>
<tr>
<td>5</td>
<td>Ask to see the cardholder’s ID proof, viz., Driving License, Passport or any other ID to confirm their ID prior to running the card.</td>
<td>Collect any charge from any customer paying by Debit / Credit card. It is against card association regulations and could result in a fine.</td>
</tr>
<tr>
<td>6</td>
<td>Make INVOICE with all Terms &amp; Conditions printed &amp; get invoice &amp; Charge slip signed from cardholder for all transactions. Retain Merchant copy of charge slip, with proper customer sign on it &amp; invoice at least for 13 Months. Verify, Collect &amp; retain cardholders documents for all transactions.</td>
<td>Impose a minimum or maximum purchase limit in order for a credit / debit card to be accepted as payment.</td>
</tr>
<tr>
<td>7</td>
<td>For cross border/foreign card transaction, collect the Passport Copy, Visa Copy &amp; verify customer identity before doing the transaction. Ensure to keep records of invoice details signed &amp; goods receipts acknowledged by card holder.</td>
<td>Split the amount / or encourage multiple swipes for a single amount transaction.</td>
</tr>
<tr>
<td>8</td>
<td>Submit requisite documents to the nearest area office of Bobcards Ltd/BOB branch upon request wherever the amount is withheld in risk triggers immediately so as to enable/release such withheld payments.</td>
<td>Accept sensitive credit card data via e-mail or other electronic format (i.e., chat windows).</td>
</tr>
<tr>
<td>9</td>
<td>Settle the transactions (batch close) on daily basis to take the advantage of T+1 payment processing.</td>
<td>Let full credit card numbers be left out in the open. If writing down the full credit card number is necessary, keep the information in a secure location. When at all possible, remove the middle eight digits of the card to protect the cardholder.</td>
</tr>
<tr>
<td>10</td>
<td>Notify us if your business address / ownership / business model changes in any way.</td>
<td>Refund a card payment as cash or cheque to customer. Refund to be processed to the card that was used to make the purchase. (otherwise, the customer can take the cash and still make a chargeback, so you will lose the amount.)</td>
</tr>
<tr>
<td>11</td>
<td>Update us your e-mail id &amp; mobile no. for smooth services.</td>
<td>Let anyone reprogram your EDC POS terminal or handover your POS terminal to anyone unless you are absolutely sure the person works for BOBCARDS.</td>
</tr>
<tr>
<td>12</td>
<td>Notify us immediately if you are changing BOB bank account.</td>
<td>Provide CASH against the Credit / Debit Card/Prepaid Card and Gift Card.</td>
</tr>
<tr>
<td>13</td>
<td>Keep proper stock of EDC paper roll for a minimum period of 10 days.</td>
<td>Use the paper roll of the other bank / plain paper roll / expired paper roll.</td>
</tr>
<tr>
<td>14</td>
<td>Return the EDC POS terminal to the nearest office of Bobcards Ltd/Bank of Baroda or the designated personnel of company / bank / Service Provider, immediately on discontinuation of the Merchant Agreement.</td>
<td>Write down or store card number unless or otherwise required for obtaining manual authorization.</td>
</tr>
<tr>
<td>15</td>
<td>Keep Xerox/Photo Copy of original charge slip to retain details imprinted for longer life, as charge slips are made of thermal paper &amp; its life is low.</td>
<td>-</td>
</tr>
</tbody>
</table>

**Help Desk For EDC/PC POS Machine:**
For EDC technical complaints and for paper rolls please contact the helpline numbers: 022-40426060 / 18602332332 given on the sticker labelled on side of EDC Terminal / or at respective Bobcards Area Office.

---

**Signature of Area Office Incharge:**
(Name & Designation With Proper Stamp)  
**Date:**

**Merchant’s Signature:**
(Stamp Of Proprietor / Partners / Directors / Authorized Signatory)  
**Date:**
GUIDELINES ON SAFE CARD ACCEPTANCE TO MERCHANT ESTABLISHMENT/S

(1) Please CHECK Card Plastic to see any abnormality. Verify Visa / Master Card Emblem/RUPAY, Logo, preprinted Bank Name & the validity of the card before the transaction.

(2) DO VERIFY all Card features, Identity of Cardholder & Match Signature on charge slip (in case of PIN not verified transaction) with signature on the Card for all transactions. Do not accept unsigned cards.

(3) DO CHECK genuineness of cardholder & card thoroughly with identifications produced by the cardholder.

(4) DO VERIFY (documents thoroughly from original ones). Collect cardholder/s documents and related documents for all the transactions accepted and RETAIN at least for a period up to 13 months.

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(8) DO follow safe card acceptance to take full benefit/privilege of T+1 day payment processing system as extended by company.

(9) DO NOT split the amount / or do not encourage multiple swipes for a single amount transaction.

(10) DO NOT provide CASH against the Credit Card/Prepaid Card and Gift Card.

(11) DO Follow instruction from POS (Approve/Decline/ Pick-Up Etc.)

(12) DO NOT use your own card at POS terminal/establishment enrolled as merchant with company.

(13) DO NOT use expired charge slip/paper rolls (i.e., expiry date as mentioned on right side of the charge slip).

(14) Any suspicion on Card /Transaction observed please request for verification i.e.: Code- 10 authorization or contact Bank/BCL official/s immediately.

(15) In case of magnetic stripe card/chip card/gift card/prepaid card follow proper card acceptance guidance provided by BCL/BOB officials/ATOS WL service provider at the time of POS installation.

(16) DO Close the EDC Batch on day-to-day basis & retain charges slip & batch settlement copy.

(17) Per month per terminal rent will be charged if profitable actual turnover is not received from the installed POS terminal.

(18) All statutory charges/taxes shall be applicable at prevailing rates.

(19) In case of Customer disputes/chargebacks, the transaction amount will be on hold as per stipulated time norms and in case of fraudulent card charges/acceptance by the merchant on POS machine all such amounts shall be BLOCKED by the company for a period up to 13 months. Such reported fraudulent charges/transactions shall be forfeited/vindicated after the enquiries/assessment is/are reached, on account of various guidelines and stipulated time norms, subject to non-receipt of dispute/arbitration from the issuer banks. The company reserves right to impose penalty to such transactions at the rate determined by the Company.

(20) Return the EDC/PC POS to the nearest office of Bobcards Ltd/Bank of Baroda or the designated personnel of company/bank/Service Provider, immediately on discontinuation of the Merchant Agreement.

SIX WARNING SIGNS TO FIGHT FRAUD

Certain customer behavior could point to card fraud, but it doesn’t necessarily indicate criminal activity. You know your customers, so let your instincts steer you in the right direction.

Watch out for customers who:

(a) Purchase a large amount of merchandise without regard to size, style, colour, or price.

(b) Ask no questions on major purchases.

(c) Try to distract or rush you during the sale.

(d) Make purchases and leave the store, but then return to make more purchases.

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(f) Refuse free delivery for large items.

(21) For EDC technical complaints and for paper rolls please contact the helpline numbers given on the sticker labelled on side of EDC Terminal / or at respective Bobcards Area Office. (details of company contact information is attached with this application)

Signature of Area Office Incharge: 
(Name & Designation With Proper Stamp)

Date: 

Merchant's Signature: 
(Stamp Of Proprietor / Partners / Directors /Authorized Signatory)

Date: 

Page 1 of 2
**Illustration of Card Acceptance (Magnetic-Stripe Card Processing)**

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Swipe the card through a magnetic card reader on POS terminal to request the transaction authorization.</td>
</tr>
<tr>
<td>2.</td>
<td>While the transaction is being processed, check the card’s features and security elements, if possible. Make sure the card is valid and has not been altered in any way.</td>
</tr>
<tr>
<td>3.</td>
<td>Obtain authorization and, if required, get the cardholder signature* on the transaction receipt.</td>
</tr>
<tr>
<td>4.</td>
<td>If you suspect fraud, adhere to your merchant card acceptance procedures and respond accordingly.</td>
</tr>
<tr>
<td>5.</td>
<td>Compare the name, number, and signature* on the card to those on the transaction receipt.</td>
</tr>
</tbody>
</table>

*The card holder signature is not required if the transaction is PIN - Verified.

---

**Illustration of Card Acceptance (Chip Card Processing)**

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Dip the card into a chip-reading device to request the transaction authorization.</td>
</tr>
<tr>
<td>2.</td>
<td>The card and chip-reading device work together to determine the appropriate cardholder or verification method for the transaction, either signature or PIN. If the transaction requires a PIN-verification, the cardholder follows point-of-sale prompts and enters the PIN. There is no opportunity to examine the card. It is retrieved by the cardholder.</td>
</tr>
<tr>
<td>3.</td>
<td>If the transaction has been PIN-verified, there is no need for signature.</td>
</tr>
<tr>
<td>4.</td>
<td>The merchant prints a copy of the transaction receipt for the cardholder. If the transaction is not PIN-based, the receipt will have a signature line. The merchant must ask the cardholder to sign the receipt.</td>
</tr>
<tr>
<td>5.</td>
<td>If you suspect fraud, adhere to your merchant card acceptance procedures and respond accordingly.</td>
</tr>
</tbody>
</table>

---

Contact Point
BOBCARDS Ltd.,
Merchant Business & Risk Management Dept.,
C.O. Mumbai.

---

**Signature of Area Office Incharge:**

(Stamp Of Proprietor / Partners / Directors / Authorized Signatory)

**Date:**

---

**Merchant’s Signature:**

(Stamp Of Proprietor / Partners / Directors / Authorized Signatory)

**Date:**

---

Page 2 of 2
<table>
<thead>
<tr>
<th>No.</th>
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<td>Check card Plastic to see any abnormality. Verify Visa / Master / Rupay card emblem, logo, preprinted Bank Name &amp; the validity of the card before the transaction.</td>
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<td>Keep proper stock of EDC paper roll for a minimum period of 10 days.</td>
<td>Use the paper roll of the other bank / plain paper roll / expired paper roll.</td>
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<td>14</td>
<td>Return the EDC POS terminal to the nearest office of Bobcards Ltd/Bank of Baroda or the designated personnel of company/ bank/Service Provider, immediately on discontinuation of the Merchant Agreement.</td>
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<tr>
<td>15</td>
<td>Keep Xerox/Photo Copy of original charge slip to retain details imprinted for longer life, as charge slips are made of thermal paper &amp; its life is low.</td>
<td>-</td>
</tr>
</tbody>
</table>

**Help Desk For EDC/PC POS Machine:**
For EDC technical complaints and for paper rolls please contact the helpline numbers: 022-40426060 / 18602332332 given on the sticker labelled on side of EDC Terminal / or at respective Bobcards Area Office.

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**Signature of Area Office Incharge:**
(Name & Designation With Proper Stamp)  
**Date:**

---

**Merchant’s Signature:**
(Stamp Of Proprietor / Partners / Directors / Authorized Signatory)  
**Date:**
### POS Model Variants

<table>
<thead>
<tr>
<th>MODEL</th>
<th>Description</th>
<th>Appropriate for ME or business type</th>
<th>Refundable Security Deposit (in INR)</th>
<th>One Time Installation Charges (in INR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 PSTN POS (Regular)*</td>
<td>Regular Model POS. Requires telephone line to connect to network. Works on Dial-Up connectivity.</td>
<td>Appropriate for Merchants who have single cash counter and Customer makes face-to-face payment across the counter.</td>
<td>6000</td>
<td>500</td>
</tr>
<tr>
<td>2 GPRS POS (Fixed Model)*</td>
<td>Enhanced Model POS. Communication using Dial-up Modem or GPRS. Combined with Ethernet connectivity.</td>
<td>Appropriate for Merchants who have single cash counter and where customer makes face to face payment across the counter.</td>
<td>10,000</td>
<td>750</td>
</tr>
<tr>
<td>3 GPRS POS (Wireless)*</td>
<td>Advanced Model POS. Communication using GPRS.</td>
<td>Appropriate for Merchants who have multiple cash counters and may also require POS to Computer Terminal connectivity.</td>
<td>10,000</td>
<td>750</td>
</tr>
<tr>
<td>4 PC POS *</td>
<td>Custom products to integrate Merchant’s cash register application with EDC POS to handle end-to-end billing and payment collection using Cards in the same application.</td>
<td>Suitable for Merchants who want to integrate their Cash register application with EDC POS to handle end-to-end billing and payment collection using Card payment in the same application.</td>
<td>NA</td>
<td>750</td>
</tr>
</tbody>
</table>

* For PC POS, additional INR 2300/- Shall be collected by POS Vendor seperately from the concerned Merchant

# The amount may undergo changes from time to time

Acceptance Specification: - Mag stripe & Chip Cards accepted with PIN. Monthly Rental rates (in INR): No Monthly Rental for Transacting POS. Monthly Rental applicable for non-transacting POS, as and when decided by the Company.

### Exclusive Dedicated Area Offices

#### Agra
Area Office: 0562-4052184

#### Ahmedabad
Area Office: 079-26647814

#### Allahabad
Area Office: 0 9452581798

#### Aurangabad
Area Office: 0240-2337129

#### Bangalore
Area Office: 080-25521070

#### Baroda
Area Office: 0265-2252495

#### Bareilly
Area Office: 0581-2540226

#### Bhopal
Area Office: 0755-4229044

#### Bhubaneswar
Area Office: 0674-2597794

#### Chandigarh
Area Office: 0172-2709692

#### Chennai
Area Office: 044-23454237

#### Coimbatore
Area Office: 0422-2300899

#### Dehradun
Area Office: 0 9997998976

#### Ernakulam
Area Office: 0484-2367056

#### Guwahati
Area Office: 0361-2731837

#### Goa (Margao)
Area Office: 0832-2714169

#### Hyderabad
Area Office: 040-23421632

#### Haldwani
Area Office: 05946-250159

#### Indore
Area Office: 0731-4044163

#### Jaipur
Area Office: 0141-2351166

#### Jalandhar
Area Office: 0181-5074362

#### Jamnagar
Area Office: 0288-2677372

#### Jamshedpur
Area Office: 0657-2249808

#### Jodhpur
Area Office: 0291-2517230

#### Kanpur
Area Office: 0512-2312391

#### Karnal
Area Office: 0 9886331203

#### Kolkata
Area Office: 033-23441530

#### Lucknow
Area Office: 0522-3205969

#### Nagaon
Area Office: 0712-2562774

#### New Delhi
Area Office: 011-23441543/23441546

#### NOIDA
Area Office: 0120-4324729

#### Patna
Area Office: 0612-2359976

#### Pune
Area Office: 020-26050284

#### Raipur
Area Office: 0771-4041243

#### Surat
Area Office: 0261-2369117

#### Udaipur
Area Office: 0294-2411326

#### Varanasi
Area Office: 0542-2360422

#### Vishakhapatnam
Area Office: 0891-2737789

Corporate Office: BOBCARDS LTD.
2nd Floor, Baroda House, Behind Dewan Shopping Centre, S V Road, Jogeshwari (W), Mumbai - 400 102
Website: www.bobcards.com