



ANYTIMEMONEY PRIVATE LIMITED

Simplifying Banking To Billions

CIN: U72900KL2020PTC063542

CHECKLIST FOR ATM BANKING SERVICE POINT (BSP)

Shopkeeper/Individual Details:-

1. First Name: Last Name:
 2. Mobile Number: 3. Email ID:
 4. Category: Individual Shopkeeper/Merchant Others (Specify).....

5. Individual Details:

- | | |
|--|--|
| <p>a) Are you intending to start ATM BSP?
 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b) Your shop is supposed to be:
 <input type="checkbox"/> Rented <input type="checkbox"/> Owned</p> <p>c) Present working status
 </p> | <p>d) Do you have sufficient space in the proposed location?
 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e) If yes, specify the location:
 Landmark (if any):
 District: State:</p> <p>f) When you are planning to start?
 <input type="checkbox"/> Within 1Month <input type="checkbox"/> 1-2 Months <input type="checkbox"/> More than 3 months</p> |
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6. Shopkeeper Details:

- a) Shop Name:
 b) Shop Address: Pincode:
 District: State: c) Landline (Optional): STD Code: Number:
 d) Type of Company: Sole Proprietor Partnership Private Sector Others (Specify)
 e) Nature Of Business: Sales Service, Specify the product:
 f) Whether your shop is: Rented Owned g) Do you have sufficient space in your Shop? Yes No

7. Carpet area in sq. ft About 50 sq. ft. 50-75 sq. ft. 75-100 sq. ft. Others (Specify).....
 8. Do you have CCTV Surveillance? Yes No 9. Do you have locker facility available? Yes No
 10. Are you a Current Account holder? Yes No 11. Bank: Branch:
 12. Are you currently using a Swiping Machine? Yes No
 13. If yes, Specify the details: Model.....Rent MDR% (Debit Card) % (Credit Card)
 14. Are you ready to deposit for ATM BSP? Yes No
 15. Where did you hear about ATM BSP?
 Friends & Relatives Social Media Website Have seen other ATM BSP others (Specify):

Customer's Feedback:

Details Collected By Sales Person:-

Remarks:

 Name: Sign:
 Designation: Emp. Code:
 Place: Date:

Checked/Verified By Marketing Head:-

Confirmation to proceed:
 Franchisee Agreement Keep On Pending To be Rejected
 Remarks:
 Name: Sign:
 Designation: Emp. Code:
 Place: Date: