



APPLICATION FOR CSP

(FILL THE FORM IN CAPITAL LETTERS ONLY)

BRANCHLESS BANKING

RO CODE:

CSP CODE:

REPLACEMENT

NEW

PHOTO

35MM X 45MM

1. LOCATION TOWN / VILL.:

CODE:

RURAL

SEMI URBAN

URBAN

METRO

Latitude:

Longitude:

BRANCH	NAME	CODE	DISTANCE FROM LOCATION
LINK BRANCH			<input type="text"/> KM.
LINK DSH			<input type="text"/> KM.
ALTERNATE BRANCH			<input type="text"/> KM.

2. APPLICANT'S DETAILS

CIBIL SCORE:

(REPORT ATTACH)

FULL NAME:

D/O / S/O / W/O :

MOBILE NO.:

PAN NO.:

AADHAAR NO.:

DOB:

E-MAIL ID:

GENDER :

MALE

FEMALE

TRANSGENDER

MARITAL STATUS:

MARRIED

UNMARRIED

EDUCATION :

10+2

GRADUATE

PG

HIGHEST QUALIFICATION:

COMPUTER KNOWLEDGE:

NO

YES

CERTIFICATION (IF ANY):

OUTLET ADDRESS				RESIDENTIAL ADDRESS			
<input type="text"/>				<input type="text"/>			
<input type="text"/>				<input type="text"/>			
LANDMARK	<input type="text"/>			LANDMARK	<input type="text"/>		
TOWN/VILL.	<input type="text"/>			TOWN/VILL.	<input type="text"/>		
POST OFF.	<input type="text"/>			POST OFF.	<input type="text"/>		
DISTRICT	<input type="text"/>			DISTRICT	<input type="text"/>		
PIN CODE	<input type="text"/>		STATE	PIN CODE	<input type="text"/>		STATE
OWNED	PROVIDE ELECTRICITY / WATER / PHONE / LANDLINE BILL COPY / GOVT. ID COPY			OWNED	PROVIDE ELECTRICITY / WATER / PHONE / LANDLINE BILL COPY / GOVT. ID COPY		
RENTED	PROVIDE RENT AGREEMENT COPY			RENTED	PROVIDE RENT AGREEMENT COPY		

LANGUAGES KNOWN

ENGLISH	READ	WRITE	SPEAK	OTHER LANGUAGES	READ	WRITE	SPEAK
				1.			
HINDI	READ	WRITE	SPEAK	2.	READ	WRITE	SPEAK

3. BANK DETAILS

(ATTACH CANCELLED CHEQUE)

A/C HOLDER'S NAME:

A/C NO.:

IFSC:

BANK NAME:

4. SELF DECLARATION

- (1) ARE THERE ANY LEGAL PROCEEDINGS IN RESPECT TO ANY ALLEGED OFFENCE COMMITTED BY YOU PENDING BEFORE A COURT IN INDIA? YES NO
- (2) HAS ANY ARREST WARRANT BEEN ISSUED IN YOUR NAME BY A COURT OF INDIA? YES NO
- (3) DO YOU HAVE ANY CRIMINAL RECORD? YES NO IF NO, GIVE BELOW DETAILS:
POLICE CHARACTER CERTIFICATE NO.: DATE:
- (4) I HAVE BEEN LIVING AT GIVEN RESIDENTIAL ADDRESS FOR YEARS.
- (5) ARE YOU A RETIRED SBI OFFICER? NO YES IF YES, LAST WORK LOCATION:
POSITION AT THE TIME OF RETIREMENT:
- (6) DO YOU ALREADY OWN ANY BUSINESS OR ARE YOU WORKING? YES NO
IF YES, NAME OF THE ORGANIZATION : YOUR **ANNUAL** INCOME(₹):LACS
- (7) DO YOU HAVE ANY EXPERIENCE IN SELLING FINANCIAL PRODUCTS?
 NO YES IF YES, GIVE DETAILS:
- (8) ARE YOU GETTING ANY PENSION? YES NO
IF YES, NAME OF THE ORGANIZATION : YOUR **ANNUAL** INCOME(₹):LACS
- (9) I AM APPLYING FOR OXIGEN CSP. I HAVE DOWNLOADED, READ, UNDERSTOOD AND ACCEPTED THE CSP RO TERMS & CONDITIONS LISTED ON OXIGEN'S RETAILER'S WEBSITE (<http://www.myoxigen.com/pdf/TERMS-and-CONDITIONS-SBI-CSP-ENROLLMENT-FORM.pdf>) AND ACCEPT THEM AS BINDING UPON ME. I HAVE SEPARATELY SIGNED OXIGEN CSP AGREEMENT.
- (11) I HAVE ATTACHED 2 LOCAL REFERENCES AS PER **ANNEXURE 1**.
- (12) I NEVER HAD STATE BANK OF INDIA CSP / BC, NEITHER I HAVE BEEN BLACKLISTED.
- (13) I CONFIRM THAT THE PARTICULARS AND DOCUMENTS SUPPLIED BY ME ARE CORRECT IN ALL RESPECTS.

.....
APPLICANT'S NAME

DATE :

.....
APPLICANT'S SIGNATURE

5. OXIGEN REPRESENTATIVE DECLARATION

I HEREBY CONFIRM THAT THE APPLICANT HAS SIGNED 'APPLICATION FOR CSP' IN MY PRESENCE AND I HAVE SEEN ORIGINAL AND VERIFIED ALL THE DOCUMENT(S) ATTACHED HERE WITH

.....
EMPLOYEE NAME

.....
DESIGNATION

OXIGEN REPRESENTATIVE STAMP

AUTHORIZED SIGNATORY
(WITH STAMP)



BRANCHLESS BANKING

ANNEXURE 1 - REFERENCES

I D/O / S/O / W/O
 RESIDING AT FOR A PERIOD OF YEARS.
 I HAVE ATTACHED 2 LOCAL REFERENCES HAVING ACTIVE ACCOUNT WITH SBI AS PER ANNEXURE 1
 WITH MY APPLICATION FOR OXIGEN CSP.

REFERENCE 1										REFERENCE 2									
A P P L I C A N T ' S N A M E					A P P L I C A N T ' S N A M E					A P P L I C A N T ' S N A M E					A P P L I C A N T ' S N A M E				
IS KNOWN TO ME FOR A PERIOD OF <input type="text"/> <input type="text"/> YEARS.					IS KNOWN TO ME FOR A PERIOD OF <input type="text"/> <input type="text"/> YEARS.					IS KNOWN TO ME FOR A PERIOD OF <input type="text"/> <input type="text"/> YEARS.					IS KNOWN TO ME FOR A PERIOD OF <input type="text"/> <input type="text"/> YEARS.				
HE / SHE IS HONEST, SINCERE AND BEARS GOOD MORAL CHARACTER. AS PER BEST OF MY KNOWLEDGE HE / SHE DO NOT HAVE ANY CRIMINAL RECORDS.					HE / SHE IS HONEST, SINCERE AND BEARS GOOD MORAL CHARACTER. AS PER BEST OF MY KNOWLEDGE HE / SHE DO NOT HAVE ANY CRIMINAL RECORDS.					HE / SHE IS HONEST, SINCERE AND BEARS GOOD MORAL CHARACTER. AS PER BEST OF MY KNOWLEDGE HE / SHE DO NOT HAVE ANY CRIMINAL RECORDS.					HE / SHE IS HONEST, SINCERE AND BEARS GOOD MORAL CHARACTER. AS PER BEST OF MY KNOWLEDGE HE / SHE DO NOT HAVE ANY CRIMINAL RECORDS.				
NAME		I N T R O D U C E R N A M E								NAME		I N T R O D U C E R N A M E							
D/O / S/O / W/O										D/O / S/O / W/O									
ADDRESS										ADDRESS									
MOBILE NO.										MOBILE NO.									
SBI A/C NO.										SBI A/C NO.									
OCCUPATION										OCCUPATION									
GOVT. ID NO.										GOVT. ID NO.									
SIGN. OF INTRODUCER										SIGN. OF INTRODUCER									
DATE										DATE									

.....
APPLICANT'S NAME

DATE :

.....
APPLICANT'S SIGNATURE



BRANCHLESS BANKING

CSP APPLICATION FORM CHECKLIST

HOW TO FILL FORM?

FILL THE APPLICANT NAME AS PER THE PAN CARD

FILL THE DOB AS PER THE PAN CARD

FILL THE CSP OUTLET ADDRESS PROVIDED IN THE SHOP ADDRESS

FILL THE PERMANENT ADDRESS AS PROVIDED IN THE PERMANENT ADDRESS PROOF

SELF ATTESTATION OF DOCUMENTS DONE BY THE CSP

DO ORIGINAL SEEN & VERIFIED (OSV) BY YOURSELF

PLEASE ENSURE THAT THE FORM IS FILLED IN CAPITAL LETTERS ONLY

CHECKLIST

BELOW REQUIRED DOCUMENTS SHOULD BE SELF ATTESTED:

PAN CARD	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
AADHAAR CARD	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
SHOP ADDRESS PROOF	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
SHOP PHOTOGRAPH (FRONT WITH NAME BOARD)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
RESIDENCIAL ADDRESS PROOF	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
EDUCATION CERTIFICATE (10+2 / GRADUATE / POST GRADUATE)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
POLICE CHARACTER CERTIFICATE	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
CIBIL REPORT	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
IIBF CERTIFICATE (SUBMIT WITHIN 3 MONTHS)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
CANCELLED CHEQUE COPY / NOTARIZED AFFIDAVIT / BANK STATEMENT	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
GST REGISTRATION CERTIFICATE	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
DULY FILLED AND SIGNED OXIGEN CSP AGREEMENT COPY	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
PENSION PAYMENT CERTIFICATE (IF ANY)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No