Doc. No. QF/COMM/01



RECHARGES | MONEY TRANSFER | PAYMENTS

## **RMU REGISTRATION FORM**



## \*USE CAPITAL LETTERS ONLY

General Profile														
Business Name														
Shop/Establishment Address														
Location						City								
District						State								
Pin Code														
Permanent Address														
Location						City								
District						State								
Pin Code														
Fixed Line Numbers						Mobile	Number							
Email ID (To be registered with Oxigen)														
Contact Person								Desi	gnation					
Type of Company (Please Tick) Proprietor/Part	nership/P	vt. Ltd./Lim	nited/Any (	Other										
TIN/TAN/Service Tax Registration No.														
Details of Investment in Oxigen (R	s. Lacs	)												
Registration fee (Non-Refundable): (a)														
Security Deposit (Value in Rs.): (b)														
Stocks (Rs.) (c)														
Stock Details (Numbers) Oxi Shaan			Oxi S	mart			Online	e ID						
Trading Balance (Working Capital in Rs.) (d)														
Total Investment (a+b+c+d) (in figures)														
Total Investment Amount (In words)										 	 			
Demand Draft No.		Date	e D D			Bank Name	e			 	 			
RTGS/NEFT-UTR							From B	ank						
(DD should be drawn in favour of "Oxigen Ser Note: No Cash or Cheque would be accepted. Upon successive discussion with the company are hereby interested in the distribution / RMU per terms and conditions explained to me/us at	official Mr Service (F	: Retail Mana	agement L	Jnit) of (		, who ex				odel,		ommei en RM		I/We
RMU Sign & Stamp	RMU T	ype (Plea	se Circle)			Mai	n RMU				ON	ITS RI	ΛU	



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Name of person who will look after Oxigen Business	S																								
Designation																									
Banking Details: Bank Name																									
Bank Address																									
City																									
Pin Code																									
A/C No.																									
MICR Code																									
WICK Code																									
Nominee Details:																									
Name of Nominee																									
Relationship of Nominee																									
Bank Account No.																									
Bank Name (Nominee)																									
Bank Address (Nominee)																									
Current Business Profile			ı	ı	ı		ı			ı		ı			ı				ı	ı	ı	ı			
Particular Business 1	Bus	ines	s 2			Busir	ness	3	RM	U Ev	aluat	ion F	Paran	neter	s G	ood	Ave	rage	Р	oor	Rei	mark	s		
Type of business				+				_	_	alifica					-				+						
In business since Investment in				+				-	_		ce in Reput		ness		+				+				—	—	-
₹Lacs per annum				$\perp$					_	dibilit		411011			+				+						
No. of field staff (FoS)				$\perp$							I Cap	abilit	y						$\top$						
No. of back office team				_				_	Offi	ce In	frastr	uctur	е						1						
No. of outlets serviced				+				_	Fiel	d Re	sourc	es													
Area of operations  Office Size				+				_	Bac	kend	Sup	port													
Office Space own or rented				+				_	Ove	erall F	Ratino	g (De	script	ive)	_				_						
Cinco opaco dini di foneca																									
Resource Commitment For Oxigen			į	į	į														į						
Field Staff																									
Backend																									



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## **Documents To Be Enclosed (Checklist)**

- 1. Bank Statement for last 6 months
- 2. Income Tax Return Copy for last 2 years
- 3. Bankers Certificate Issued On Bank's Letter Head
- 4. Notarized Affidavit required in case the proprietor does not have a Bank account in the name of the firm or business name.
- 5. PAN Card Copy (Self Attested)
- 6. Proof of Address: Telephone Bill/Electricity Bill/Bank Account Statement/Ration Card/Rent Agreement Duly Registered/Letter from any recognized public authority
- 7. ID Proof: Aadhaar Number (Preferred)/Voter's Identity Card/Passport/Pan Card/Driving License
- 8. One Cancelled Cheque (For RTGS Purpose)
- 9. 2 Photographs
- 10. TIN/TAN/Service Tax Registration No. & Certificate (if applicable)

of Partnership Firm or Pvi	. Ltd./Ltd. Firm				
Copy of Partnership Deed (I	n case of Partnership Firm)				
Registration Certificate (In ca	ase of Pvt. Ltd./Limited Firm)				
Authority Letter From Board	of Directors in Favour of the Pe	erson Signing Agreement wit	h Oxigen (In case of Pv	/t. Ltd./Limited Firm)	
I, hereby, accept/confirm that	TB deposit shall be done thr	ough bank transfer/electro	onic mode only.		
RMU Sign & Stamp					
				Stamp	
Signatu	ires	_			
		For official use only			
ZM Remarks					
TM/ZM Name				RM Name & Signa	ures
- III/LIII Sigilatai -	Approved By E	E.D Retail Yes	☐ No		