



MOBILE WALLET | MONEY TRANSFER | DIGITAL PAYMENTS

## SUPER SERVICE AGENT

PHOTO

Oxi Super POS  RBL CSP  Merchant Payment  Cash Out

Prospect ID: \_\_\_\_\_ CSP Code: \_\_\_\_\_

Link Branch Code: \_\_\_\_\_ Link Branch Name: \_\_\_\_\_

### 1. PERSONAL

Full Name: \_\_\_\_\_ Date of Birth:           Gender:  Male  Female

### SHOP DETAILS

Name of Outlet/Shop: \_\_\_\_\_

Outlet/Shop Address: \_\_\_\_\_ Area of Outlet: \_\_\_\_\_ Sq.ft

City/Village: \_\_\_\_\_ District: \_\_\_\_\_

Pin Code: \_\_\_\_\_ State: \_\_\_\_\_ Registered Mobile No.: \_\_\_\_\_

STD Code: \_\_\_\_\_ Tel.: \_\_\_\_\_ Email ID: \_\_\_\_\_ Doing Business Since: \_\_\_\_\_

### PERMANENT ADDRESS

Address: \_\_\_\_\_

City/Village: \_\_\_\_\_

District: \_\_\_\_\_ Pin Code: \_\_\_\_\_

State: \_\_\_\_\_ Stay in the Village/Town Since: \_\_\_\_\_

Registered Mobile No.: \_\_\_\_\_ STD Code: \_\_\_\_\_ Tel.: \_\_\_\_\_

### KYC DOCUMENTS

Accepted Address Proof:  Aadhaar  Voter ID  Ration Card  Driving License  Passport ID No.: \_\_\_\_\_

Accepted Identity Proof:  Aadhaar  Voter ID  Pan Card  Ration Card  Driving License  Passport ID No.: \_\_\_\_\_

Politically Exposed Person:  Yes  No

If Yes, Political Party Name: \_\_\_\_\_

Political Party Position: \_\_\_\_\_

\*KYC-As part of KYC Procedures, attach self attested photocopies of identity, Address & Establishment Proofs.

### 2. NATURE OF BUSINESS

Telecom Shop  Medical  Fancy Store  Stationary  Kirana (Grocery)  Others (Pls specify)

### ESTIMATED MONTHLY REVENUE

Less Than ₹5,000  ₹5,000 - ₹10,000  ₹10,000 - ₹20,000  ₹20,000 - ₹30,000  More than ₹30,000

### 3. PAYMENT DETAILS

Payment via (tick any one):  NEFT  RTGS

In favour of: **Oxygen Services India Pvt. Ltd.** Amount: (₹) \_\_\_\_\_

### APPLICATION FEE

Amount (₹) \_\_\_\_\_ In words: \_\_\_\_\_

Drawn on: \_\_\_\_\_ Date:

NEFT/RTGS Transaction ID: \_\_\_\_\_

Bank & Branch: \_\_\_\_\_

### ENROLLMENT FEE

Amount (₹) \_\_\_\_\_ In words: \_\_\_\_\_

Drawn on: \_\_\_\_\_ Date:

NEFT/RTGS Transaction ID: \_\_\_\_\_

Bank & Branch: \_\_\_\_\_

#### Oxygen Services (India) Pvt. Ltd.

Building No.94, Sector 32, Institutional Area, Gurugram-122 001, Haryana (India). Customer Care Number.:0124 6655222

E-mail: feedback@myoxygen.com | Website: www.myoxygen.com | An ISO 9001: 2008 Certified Company

## 4. YOUR BANK DETAILS

Bank Name:		A/c No.:	
Account Holder Name:			
IFSC Code:		City:	
Nature of Account:	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Current Account	Held for: _____ Years

## 5. MERCHANT ENROLLMENT DETAILS

Nature of Business:		A/c No.:	
Merchant Category Code (MCC):		Date:	D   D   M   M   Y   Y   Y   Y
MDR:	Debit Card <input type="checkbox"/> 1%	Credit Card <input type="checkbox"/> 2%	
Monthly Fee: (₹):		(if any)	
Avg. Transaction Size (₹):			

## 7. RO DECLARATION

- I have read and understood the terms & conditions provided with the form and I agree to all the terms and conditions listed on the Oxigen Retailers' website. ([www.myoxigen.com/ro-termsandconditions.php](http://www.myoxigen.com/ro-termsandconditions.php)). I accept these as binding on me and received copy of T&C.
- I have been provided a copy of the detailed terms & conditions as well.
- I have understood all particulars of the investment plan chosen by me, trading process, margins and related terms & conditions at which services are provided by OSI as applicable on this date and as amended from time to time.
- I confirm that the information(s) & particulars supplied by me are correct in all respects.
- I hereby declare that I do not have a Criminal record.
- I hereby agree, to open an Oxigen mobile wallet, along with the KYC documents submitted with this form, on my registered Mobile Number.

RO Stamp
<b>Name &amp; Signature</b> (with seal)

Name of Person:		Designation:		Date:	D   D   M   M   Y   Y   Y   Y
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Acquired By:	<input type="checkbox"/> DSA	<input type="checkbox"/> Direct
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I hereby confirm that this form was signed by the RO in my presence and

I have physically seen and verified the document(s) attached here with their respective original(s).

DSA Name/Oxigen Employee:		DSA/Employee Code:	
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Note : \*Address Proof should match with either Retail Outlet Address or Permanent Address

\*Retailer should sign on all the pages of ROE form with rubber stamp

RMU/Oxigen Employee
<b>Name &amp; Signature</b> (with seal)

