

QR Merchant Enrollment Application

1. Applicant Details Name of Applicant:
Gender: [] Male [] Female [] Others Date of Birth/
Father's Name
Grandfather Name
Mother's Name
Spouse Name
Son/ Daughter
Identity Card Type: Identity Card
Number Issue Date
Issue Place Expire Date (if any):
Account Number:
Applicant Location. Temporary Address: House No
Permanent Address: House No Ward No VDC/Municipality

Doing Business as:	
Business Type: Sole proprietor/Partnership/	Pvt.Ltd/Public Ltd (Please tick)
PAN/Registration Number:	
Mobile Number*	
Email address:	
Line of Business:	
Expected Daily Transactions:	Expected Monthly Transactions:
knowledge. I/ We hereby agree with the irrevocably authorize you to debit my/our	de above is true, accurate and complete to the best of my e terms and conditions mentioned overleaf and hereby below mentioned accounts (s) for the full amount of any f QR based payment acceptance into the account.
Authorized Signature	Stamp:
Date:	