KVB édu-COLLECT EDUCATIONAL INSTITUITION FEE COLLECTION APPLICATION/PROPOSAL FORM

INSTITUTION DETAILS					
1	Name of School/College				
	Trading Business Name (if different from above)				
2	Constitution of applicant	☐ Private Limited Con	npany		
		☐ Public Limited Com	pany		
		☐ Partnership			
		□ Trust			
		☐ Sole Proprietor			
		☐ Association			
		□ Others			
		(if Others, please specij incorporated/ establish	fy the statute under which it is ed)		
3	Address of Registered Office and Corporate Office				
4	Contact Details	Name of Person			
		Landline			
		Mobile			
		E-mail			
5	Website available	YES/NO			
5	Website Address				
6	Date of incorporation of company				
7	Permanent Account Number (PAN)				
9	Profile of Company / Main business				
10	Description of products/services you will be selling via the account				
11	Names, Brief introduction of Promoters / Director / CEO				
12	Name of VC's / Investors who have invested into the company				
13	Any other details that may be relevant				
SERVICE DETAILS					
(Please tick the services that you require)					
1	Credit Card Payment Gateways	☐ Visa			
		☐ MasterCard			
		☐ American Express			
		☐ Diners			

SERVICE DETAILS					
(Please tick the services that you require)					
2	Debit Card Payment Gateways	□ Visa			
		☐ MasterCard			
		☐ Direct-Bank-Gateways			
		(includes card payment me available on standard Visa/	-		
3	Net Banking Gateways	□ Yes			
		□ No			
4	Cash Card Payment Options	☐ ITZ Cash Card			
		☐ Other Cash Cards			
5	Do you want to offer EMI Payment Options to customers (available in respect of select banks only)	☐ Yes			
	respect of select banks only)	□ No			
6	Business Details	Do you currently have any other gateway	□ Yes		
			□ No		
		If Yes, name of Processor			
		Current Gateway Volumes and Throughput details			
		Reasons for Shift of gateway			
7	Expected Business Throughput	Expected Annual Sales (total)			
		Expected Annual Sales (through the gateway)			
		Average Ticket size of transaction expected			
8	Any other details that may be relevant				

Place:	Signature of the Authorized Person/(s)(with Seal
Date:	

Handover the application/Proposal form to nearest Karur Vysya Bank Branch