

Dear sir,

I/we request you to enroll the below mentioned store as a Merchant of FOCUSONE Payment Solutions Pvt. Ltd (F1PS). I/we understand and agree to be bound by the same "Terms of Use" and will make certain that all of the requirements are met. Please find below the required information of the establishment.


Doing Business as (Store): _____

Store Address:

Located in same premise: Yes No

House	_____	Ward	_____	Street	_____
Area	_____	City	_____		_____
District	_____	State	_____		_____
Phone No	_____	Email	_____		_____

Location map of the store:-



Coordinates _____°N, _____°E

SETTLEMENT INFORMATION

Settlement Type:	<input type="checkbox"/> Centralized Settlement	<input type="checkbox"/> Decentralized Settlement
Bank Name:	_____	Branch: _____
Branch Code:	_____	Bank Account No: _____
Account Type:	_____	Currency: _____

CONTACT PERSON

Person in charge:	_____	Mobile No: _____
Contact Person:	_____	Mobile No: _____

BUSINESS INFORMATION

Annual Turnover:	_____	Average Billing Amount: _____
Business Hours:	_____	
Category:	<input type="checkbox"/> Food <input type="checkbox"/> Shopping <input type="checkbox"/> Service <input type="checkbox"/> Others, Specify: _____	
Nature of Business:	_____	
Tags:	1. _____	2. _____
	3. _____	4. _____

 Signature of Authorized Personnel
 Date:
 Company Seal