

TRIPURA STATE COOPERATIVE BANK LTD.

HEAD OFFICE: AGARTALA

To The Branch ManagerBranch Subject:- Application form for UPI QR / QR-POS MACHINE with CARD SWIPE.	
Account No.(15 digit): (SB/CA/CC)	
Name:	
Business Legal Name	
Registered Mobile No.	
Address	
QR Type Required	QR / QR SOUND BOX / QR BOX WITH SWIPE
Date of Birth/Establishment	
AADHAAR	
PAN	
GSTR (Mandatory for high transaction volume)	
Limit Reqd.(If applicable)	
I am ready to pay the monthly charges for the Q	QR Stand & or QR Sound Box.
Date :	Signature of Applicant
For Office Use Approved for issuance of UPI QR Code	
Maker ID: Signature -	Checker ID: Signature -

Date:

Date: