बैंक अफ काठमाण्डू लिमिटेड
BANK OF KATHMANDU LTD.
we make your life easier

Annexure I

QR Code Merchant Application Form

I/ We hereby request Bank of Kathmandu Limited to make available Quick Response code for the establishment of QR Code Payment Service.

Please find the below required information: (**IN BOLD ALPHABETS**)

Registered Name: _____

Business Name: _____

Nature of Business: _____

Address: _____

Street: _____ VDC/Municipality: _____

Ward No.: _____ District: _____

Phone Number: _____

Email Address: _____

Type of Establishment:

Proprietorship Partnership Pvt. Ltd. Public Ltd. Others _____

PAN Number: _____ Registration Number: _____

Number of Years in operation: _____ Number of Branches: _____

Annual Sales Volume: _____ Target QR Code Sales Volume: _____

Contact Details:

S.N	Name	Designation	Mobile
1			
2			
3			

Account Number: | | | | | | | | | | | | | | | |

I hereby declare the information provided is true and correct. In case of misrepresentation and/or the information provided to be wrong. I/We accept full responsibility of all consequences.

_____
Signature of Authorized Person
Designation:
Company Seal: