

# PrimePay Setup Form



PrimePay User link with Account (Client User)

| Name of the concern | Customer ID | Current Account | OD (General) |
|---------------------|-------------|-----------------|--------------|
|                     |             |                 |              |
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| User Information         |  |           |
|--------------------------|--|-----------|
| Operator Information     |  |           |
| <b>1. Full User Name</b> |  | Signature |
| Date of Birth            |  |           |
| Mobile Number            |  |           |
| Email Address (Domain)   |  |           |
| <b>2. Full User Name</b> |  | Signature |
| Date of Birth            |  |           |
| Mobile Number            |  |           |
| Email Address (Domain)   |  |           |

| Checker Information      |  |           |
|--------------------------|--|-----------|
| <b>1. Full User Name</b> |  | Signature |
| Date of Birth            |  |           |
| Mobile Number            |  |           |
| Email Address (Domain)   |  |           |
| <b>2. Full User Name</b> |  | Signature |
| Date of Birth            |  |           |
| Mobile Number            |  |           |
| Email Address (Domain)   |  |           |

| Authorizer Information                                                                                                             |                                                             |           |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------|
| signatures of the authorizers will be printed on the cheques in case of cheques printed through Prime Cheque Management Solution ) |                                                             |           |
| <b>1. Full User Name</b>                                                                                                           |                                                             | Signature |
| Date of Birth                                                                                                                      |                                                             |           |
| Mobile Number                                                                                                                      |                                                             |           |
| Email Address (Domain)                                                                                                             |                                                             |           |
| OTP                                                                                                                                | <input type="checkbox"/> Email <input type="checkbox"/> SMS |           |
| <b>2. Full User Name</b>                                                                                                           |                                                             | Signature |
| Date of Birth                                                                                                                      |                                                             |           |
| Mobile Number                                                                                                                      |                                                             |           |
| Email Address (Domain)                                                                                                             |                                                             |           |
| OTP                                                                                                                                | <input type="checkbox"/> Email <input type="checkbox"/> SMS |           |

Please find the signature(s) of our Authorized Signatory (as per 'Authorizer Information' of this form and our board Resolution on Operational Mandate for banking accounts) & would request you to convert the said specimen signature into a Mechanical Signature or delete the said in PrimePay. Operational mandate of the authorized signatory shall be given separately. I/We hereby undertake that we shall intimate you through this form whenever any change of signatory (for any of the above role) is required into PrimePay. I/We further confirm that above users have the authority to perform roles and functions designated in the setup form.

| Authorized Signatory of Client |                         | Authorized Signatory of PBL |                         |
|--------------------------------|-------------------------|-----------------------------|-------------------------|
|                                |                         |                             |                         |
| Authorized Signatory(s)        | Authorized Signatory(s) | Authorized Signatory(s)     | Authorized Signatory(s) |