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EXIT FORM

| Registered Mobile / CIF / BC Account No : | | | | | | | | | |
|--|---|--|---|--------------------|--|--|--|--|--|
| Bank Name : | State : | | | District : | | | | | |
| Entity: Merchant Distributor | Other's: | | | | | | | | |
| Reason of Exit : RCU Defaulter Audit Issue | Non Derformance | □Shon Closed | / Delocated TI ow | Commission | neatisfactory Service | | | | |
| Any Others please mention | | | / Netocated | commissiono | insatisfactory Sci vice | | | | |
| Any others please mention | | | | | | | | | |
| 1. PERSONAL DETAILS :- | | | | | | | | | |
| | | | | | | | | | |
| Any disciplinary an action taken against you while | in service. | Yes | □ No | | | | | | |
| If yes, give | | 100-00-00-00 100-00-00-00 | 200000 15 000 200000 100 | | | | | | |
| Do you have any Customer Complaint Pending? | | Yes Yes | □ No | | | | | | |
| If yes, give | | | | | | | | | |
| 2. SURRENDER OF INVENTORY : - | | | | | | | | | |
| Sr. Inventory Name | Inventory Name Returned Con | | ndition Serial Nos. | | | | | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 5. | | | | - | | | | | |
| 6. | | | | | | | | | |
| 7. | | | | | | | | | |
| 8. | | | | | | | | | |
| 9. | | 1 | | 75 | | | | | |
| 3. BANK DETAILS (For Refund Process Name of Account Holder: Branch Name: | | Bank Name : | | Bank A/c No. : | | | | | |
| 4. ACCOUNT DETAILS : - | 2.0 | | | | | | | | |
| Registered Mobile Number : | Balance : | <u> </u> | | | | | | | |
| Inventory Loss : - Amount : | | Against (Inventor | rv Tvne) | | | | | | |
| OD Limit : Amount | | rigolilos (ilitolitos | 7 176-7 | | 00) H (400-555) | | | | |
| | | | | | | | | | |
| 6. DECLARATION :- | | | | | $\overline{}$ | | | | |
| I hereby deader & authorize FINO Payments I against my Inventory Lose/Cash in hand/Miss I have no objection for the deduction as the s I state that there is no conflict of Interest for I acknowledge and assure that there are no to the state of the | cellaneous as mer ame has been alre the closure of agr ransactions perta | ntioned in the agree eady conveyed to eement. ining to Money La | eement from my sec me. | curity. Authoriz | ed Signatory (with seal) | | | | |
| If any such transactions a rise now or in futu | Anti-Money Laundering Act and guidelines for which I can be held accountable. If any such transactions a rise now or in future, I shall be held solely responsible for it. | | | | | | | | |
| I also acknowledge and assure that in no event I have misrepresented/mislead/committed fraud for the services provide for FINO Payments Bank and if anything arises in future, I acknowledge that I shall be held solely responsible for it. | | | | | | | | | |
| I declare that I have processed all the transa settlement of Such customer complains. | 6. I declare that I have processed all the transaction till date. If any customer complains arises post my exit, I will be fully liable for the | | | | | | | | |
| I also declare that there is no discrepancy pe and cash handed over to Company represent | | | [[교리시]] [[] 그리아 [교리스트 [[리아]] [[리스타 (교리트 () [리스타 | | . B. 아이스 H. J. H. X. H. X. H. C. W. M. J. H. J. Y. Y. Y. X. W. J. H. J. Y. | | | | |
| from date of signing of this latter. 8. I hereby confirm that I have removed/handed | over the branding | g materials/Certif | icate of the Compan | y and any other po | ossession of the Company | | | | |
| and declare that will not use any of it in futur 9. I hereby declare that above details furnished information is found to be false or untrue of | are true and corr | ect to the best of | my knowledge and b | | | | | | |
| SALES REPRESENTATIVE DECLARA I hereby confirm that this form was signed in seen and verified the details along with Stam | | Sales Officer Signature | | | | | | | |
| Sales Officer Name : | Employe | e Code : | | | | | | | |
| | | | | | | | | | |
| We thank you for your s | upport and look fo | rward to working | with you on our futu | ure Endeavour's | | | | | |