

यूको बैंक



UCO BANK

सम्मान आपके विश्वास का

Honours your trust

Annexure-I

NOTICE

Date:04.08.2017

Empanelment of Customer Verification Agency For Meerut Zone Branches

UCO Bank invites application in the prescribed Format (As per Annexure II) for engagement of Customer Verification Agency (CVA) in its branches in Meerut Zone for Customer Verification of some **Retail Loans on Service Fee basis only. The locations for CVA are as follows: Meerut, Muzaffarnagar, Saharanpur, Moradabad, Bareilly, Bulandshahr, Aligarh, Mathura, Bijnor and neighboring towns.**

For details and availability of application form please visit UCO Banks website www.ucobank.com / contact your nearest UCO Bank branch/Zonal Office/Circle Office.

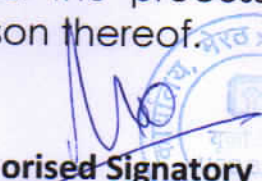
The duly completed applications of eligible firm may be submitted so as to reach on the address given below latest by 19.08.2017 :

The Zonal Manager

UCO Bank Zonal Office

C-2/6, D Block, Ganganagar, Mawana Road, Meerut-250001 (U.P)

UCO Bank reserves the right to accept or reject any application and annul the process at any time without any liability & assigning any reason thereof.


Authorised Signatory

Enclosures: Annexure II

कृषि एवं ग्रामीण व्यापार विभाग, प्रधान कार्यालय तीसरी मंजिल 10 बी टी एम सरणी , कोलकाता - 700 001
UCO Bank, Agriculture & Rural Busi. Department, Head Office, 3rd Floor, 10, BTM Sarani, Kolkata - 700 001 Phone: 033 44557312, 033 44557340 Fax: 033 44557369 , E-mail: : hopscredit.calcutta@ucobank.co.in

राजभाषा का प्रकाश- बैंक का विकास

APPLICATION FOR ENGAGEMENT AS CUSTOMER VERIFICATION AGENT
(For Firms and Companies)

The Zonal Manager

_____ Zone

Dear Sir,

Sub: Application for Engagement as Customer Verification Agent

We are furnishing following details about ourselves and request for our engagement as Customer Verification Agent of UCO Bank.

- 1) Name of Firm / Company (IN BLOCK LETTERS) –
- 2) Address _____

- 3) Tel No.: _____
- 4) E-mail ID of the Firm/Company: _____
- 5) Name(s) of Partners/Directors :

SN	Name	Address with Tel. No.	Email ID	PAN
1.				
2.				
3.				
4.				
5.				
6.				
7.				

- 6) Whether the Organization is Registered – Yes No
 (If yes, approval certificate to be provided)

- 7) Whether the organization is exempted from paying income tax (as per Income Tax Act.)

Yes No (If yes please specify)

8) Constitution of the Organization –

Partnership Company

9) Name of Bank and Branch currently banking with –

10) Line of Business / Activity –

11) Centers / Locations preferred for rendering CVA services :

(a) _____, (b) _____, (c) _____

12) Financials of the Organization for last 3 Financial Years:

(Amount Rs. in lacs)

Sl.	Parameters	FY 20.....20.....	FY 20.....20.....	FY 20.....20.....
1	Net Sales/ Revenue	Rs.....	Rs.....	Rs.....
2	Net Worth	Rs.....	Rs.....	Rs.....
3	Net Profit (PAT)	Rs.....	Rs.....	Rs.....

(Enclose latest Audited Financial Statements)

13) No. of years of operation in the locality –

14) Do the Organization have any adverse Police record: **Yes** **No**
(If yes give details)

15) Whether any Loan Facility availed from Bank/Financial Institution –

Yes **No**

15(a) If yes, whether accounts are Standard / NPA –

- 16) Infrastructure available :
 (a) No. of Branches / Offices _____
 (b) No. of staff deployed _____

17) Experience in the field of Customer Credential Verification, if any -

Yes No

(Proof of experience if any to be enclosed)

18. **Particulars of Authorized Signatory :**

Particulars	Authorized Signatory-I	Authorized Signatory-II
Name		
Name of Father / Husband		
Address (Residence): Village /City Pin Code State		
Address (Place of work): Village/ City Pin Code State		
Age		
Phone Number (Home / Business/ Office)		
Mobile Number		
Educational Qualification		
Occupation		

List of Documents enclosed: (Please Tick (√))

- a) Certificate of Incorporation:
- b) Articles of Association and Memorandum of Association :
- c) Certificate of Registration, if registered:
- d) Partnership Deed (In case of Partnership Firms) :
- e) Identification of authorized signatories should be based on photographs and signatures duly attested by the company.
- f) Copy of PAN Card:
- g) Copy of KYC documents of Authorized Signatory (ID Proof/ Address proof):
- k) Address Proof – of Firm/ Company:-

(i) Electricity Bill (ii) Telephone Bill

(iii) Any other Address Proof Document

We hereby declare and undertake as under:

- a) That the information furnished above is correct to the best of our knowledge and belief.
- b) That we have gone through the Model Code of conduct for Direct Selling Agents issued by Indian Banks' Association and will abide by the same.
- c) That we have not been debarred or disqualified from being approved as BF in terms of RBI/Govt. guidelines.

Yours faithfully,

Signature of Applicant/Authorised Signatory

**Place-
Date-**

Recommendation

Date:

Deputy Zonal Head

Zonal Head