

**RAJASTHAN HOUSING BOARD**

(A State Government Enterprise constituted under RHB Act 1970)  
"AWAS BHAWAN", Jan Path, Jyoti Nagar, Jaipur – 302005 Rajasthan, INDIA

**Annexure-A (V20241212)**

**Merchant On-boarding form for Online Funds Collection through RPP****Organization/Department Details**

Name of Department / Organization					
Type	<input type="checkbox"/> Government <input type="checkbox"/> Private <input type="checkbox"/> Board Other (Please specify) _____				
GST Number (*)					
Address					
City		State		Pin Code	
Official e-Mail Id					

**Nodal Officer Details (For any type of Communication)**

Name			
Designation			
Mobile Number		Phone Number	
Official e-Mail Id			

**Subscription Details (To be filled by RPP)**

Encryption Method (*)	<input type="checkbox"/> AES256	<input type="checkbox"/> 3DES	
Checksum Method (*)	<input type="checkbox"/> MD5	<input type="checkbox"/> SHA256	<input type="checkbox"/> SHA512
e-Mail alerts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
SMS alerts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Annexure (Copy of Documents):**

<input type="checkbox"/>	Certificate of Incorporation
<input type="checkbox"/>	Bank Account details (Where funds are to be Credited [duly sealed & signed by Bank])
<input type="checkbox"/>	PAN / TAN Card of Organization/Department or Corporate Office
<input type="checkbox"/>	GST Registration No of Organization/Department or Corporate Office
<input type="checkbox"/>	ID Proof of Nodal Officer
<input type="checkbox"/>	PAN Card of Nodal Officer
<input type="checkbox"/>	_____ (Specify if anything else)

Signature and Seal of the HOD/ Project OIC

Date: \_\_\_\_\_

*Note: - (\*) marked fields are mandatory.*



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Date:

**Annexure-B (V20210503)**

## TO WHOMSOEVER IT MAY CONCERN

Sub: Remittance of Funds collected through Partner Bank / Institutions for Rajasthan Housing Board

Dear Sir/ Madam,

In reference to subject mentioned, we confirm that the monies dues to us for all transactions routed through RPP be remitted to our account as per the details mentioned below:

Bank Account Details	
Entity Name	
PAN/TAN Number	
GST Number (*)	
Beneficiary Name	
Beneficiary Bank Name	
Branch Address	
A/c Number	
IFS Code	

Details of Nodal Officer for Reporting of Chargeback Cases and Fund Settlements	
Name of Person with Designation	
Email Id (Multiple if required)	
Mobile (Multiple if required)	

Payment Modes Required				
Internet Banking	Credit Card	Debit Card	UPI	QR
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Note: - In case of Credit/ Debit cards as a payment mode type, department is liable to follow international norms for chargeback cases against their accepted payments. It is sole responsibility of department to protect chargeback (by providing asked documents like service delivery proof, payment receipt) cases against their payment collected through RPP. RPP/RISL is not responsible for any types of debit against chargeback.*

(\*) : - fields are mandatory compliances. Kindly attach required documents also.

Thanks & Regards

For \_\_\_\_\_ [Entity]

\_\_\_\_\_  
Name:

Designation:

## Bank Certificate

This is to confirm that the above-mentioned Account details are correct. We certify that the signature agrees with the one on our records.

Date:

Place:

Bank  
Seal