

Agent Institution Consent form

Consent of the Agent Institution for authorisation

To

The SBU Head,
Bharat Bill Payment System (BBPS),
National Payments Corporation of India,
Unit 302, 3rd Floor, Raheja Titanium
Off Western Express Highway
Goregaon-East, Mumbai-400 063

Dear Sir,

We _____ (Name of the Agent Institution) with Registered Office at _____ have agreed to participate as Agent Institution in the Bharat Bill Payment System (BBPS) under Bharat Bill Payment Central Unit (BBPCU) under National Payments Corporation of India (NPCI), with registered office at The Capital, 1001 A, B-Wing, 10th floor, Bandra Kurla Complex, Bandra East, Mumbai 400051,

- a) We hereby advise you that *<name of BBPOU>* will be our first Bharat Bill Payment Operating Unit (BBPOU) in compliance with Bharat Bill Payment System Procedural Guidelines and Standards for all transactions that the aforesaid BBPOU can handle through us. We undertake to comply with the Bharat Bill Payment System Procedural Guidelines, Circulars/Notifications, Standards and extant instructions applicable to Agent Institutions.

AND/OR

- b) We hereby advise you that *<name of BBPOU>* to act as second Bharat Bill Payment Operating Unit (BBPOU) in compliance with Bharat Bill Payment System Procedural Guidelines and Standards for all transactions that the aforesaid BBPOU can handle through us. We undertake to comply with the Bharat Bill Payment System Procedural Guidelines, Circulars/Notifications, Standards and extant instructions applicable to Agent Institutions.
- c) All complaints relating to transactions initiated by the customers at our outlets or digital platforms under the existing as well as the proposed agency arrangements would be attended to expeditiously by us and all possible help will be provided to the BBPOUs in this regard.

**Endorsed and approved to be on-boarded
as Agent-Institution on Bharat Bill Payment
System**

Yours faithfully,

Yours faithfully,

Authorized signatory
(Name:)
(Designation:)
(Contact no. and email:
Date:
Stamp:

Authorized signatory **(BBPOU)**
(Name:)
(Designation:)
(Contact no. and email:
Date:
Stamp: