**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.**

1. **We hereby advise you that *Avenues India Pvt Ltd* 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.**
2. **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.**
3. **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.**

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|  |  |  | **Endorsed and approved to be on-boarded** | | |  |
|  |  |  | **as Agent-Institution on Bharat Bill Payment System** | | |  |
| **Yours faithfully,** |  |  | **Yours faithfully,** |  |  |  |
| **Authorized signatory** | |  | **Authorized signatory (BBPOU)** | | |  |
| **Name:** |  |  | **Name:** |  |  |  |
| **Designation:** |  | **Designation:** |  |  |
| **Contact no. and email:** | | | **Contact no. and email:** | | |  |
| **Date:** |  |  | **Date:** |  |  |  |
| **Stamp:** |  |  | **Stamp:** |  |  |  |