

**(Format for Claiming Reimbursement by Acquirer Bank / Non-bank – on letterhead)**

The Regional Director

Mumbai Regional Office

Reserve Bank of India

Madam / Dear Sir,

**Support from PIDF for Deployment of Acceptance Devices – First Reimbursement**

Please refer to our project proposal no. \_\_\_\_\_ dated \_\_\_\_\_. The details of deployment of acceptance devices are as below:

Sl. No.	Type of Acceptance Device (Physical / Digital)	No. of Units (PM SVANidhi Scheme beneficiaries) for Tier 1 & 2 centres	No. of Units for Tier 3 & 4 centres	No. of Units for Tier 5 & 6 centres	No. of Units (PM SVANidhi Scheme beneficiaries) for Tier 3 to 6 centres	No. of Units for North-Eastern States	No. of Units for J&K and Ladakh	Unit Rate (₹)	Unit Operating Cost (₹)	Total Financial Outlay net of Input tax Credit Received / Receivable (₹)	75 % of Eligible Amount for Support (₹)

2. We have implemented the project and succeeded in installing \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_ physical acceptance devices in the locations in Tier 1 & 2, Tier 3 & 4, Tier 5 & 6, North Eastern States and Union Territories of Jammu and Kashmir, and Ladakh, respectively. Also, we have installed \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_ digital acceptance devices in these locations respectively.

3. We certify that there is no duplication of claims from other schemes.

4. We certify that the acceptance devices, for which the claim is submitted, are **deployed at merchants who were not terminalised**.

5. We submit a claim for reimbursement 75% subsidy of ₹ ...../- . The claim submitted is as per deployment done till ..... (date).

6. We submit that this amount has been paid to the vendor.

Authorised Signatory 1

Name

Designation

Address and Contact No.

Encl.: as above

Authorised Signatory 2

Name

Designation

Address and Contact No.