

उत्तराखण्ड राज्य सहकारी बैंक लि० (शीर्ष बैंक)

(शेडयूल्ड बैंक)

प्रधान कार्यालय:- प्रशासनिक भवन, नैनीताल रोड हल्द्वानी, उत्तराखण्ड

पंजीकरण सूचना

उत्तराखण्ड राज्य सहकारी बैंक लि० हल्द्वानी के बकाया/एन०पी०ए० (सुरक्षित एवं असुरक्षित) ऋणों की वसूली हेतु कुमाऊँ मण्डल (06 शाखाओं) एवं गढ़वाल मण्डल (09 शाखाओं) हेतु पृथक-पृथक मण्डलवार रिकवरी फर्मों/संस्थाओं (Debt Recovery Agent) के माध्यम से वसूली कराये जाने हेतु सीलबन्द आवेदन आमंत्रित की जाती है। इच्छुक फर्म/संस्थाएँ आवेदन फार्म बैंक से मु० 1000/-18 प्रतिशत जी०एस०टी० सहित रुपये जमा कर दिनांक 08.10.2024 से दिनांक 18.10.2024 के मध्य बैंक कार्य दिवस में प्रातः 10.00 बजे से 2.00 बजे तक प्राप्त कर सकती है अथवा बैंक की वेबसाइट www.ukstcbank.com से डाउनलोड कर सकते हैं। वेबसाइट द्वारा डाउनलोड फार्म हेतु फार्म शुल्क डी०डी० (फार्म+जी०एस०टी०) के माध्यम से जमा किया जायेगा। सीलबन्द निविदा दिनांक 18.10.2024 की सायं 2.00 बजे तक पंजीकृत पत्र अथवा स्वयं द्वारा ड्राप बॉक्स में जमा की जा सकती है। सीलबन्द दिनांक 18.10.2024 को सायं 4.00 बजे बैंक कय कमेटी के समक्ष खोली जायेगी। बिना कारण बताये स्वीकृत/अस्वीकृत करने का अधिकार गठित कमेटी के पास सुरक्षित होगा।

प्रबन्ध निदेशक

Application Format

To,

General Manager (Recovery)
Uttarakhand State Co-operative Bank Ltd.
Head Office,
Administrative Building,
Near Saras Market, Nainital Road,
Haldwani, District- Nainital (Uttarakhand)-263 139

Application for Empanelment as Debt Recovery Agent (DRA)

1	Name of the Applicant Agency	
2	Application submitted for Kumaun / Garhwal Region or Both the Regions	
3	Constitution (please enclose documentary proof) a) Date of Incorporation/ commencement of business operations b) Registration/ Trade License Number	
4	Address of Head Office	
5	Phone number / Mobile number E-mail ID	
6	Permanent Account Number (PAN), Goods and Services Tax Number, Bank Account Details	
7	Details of Proprietor/ partners and other key persons (Individual Details are to be furnished for each) Such as: i. Name ii. PAN No. iii. Aadhar No. iv. Age v. Qualification vi. Experience (self-attested copies of the documents to be attached)	

8	Present Area of operation (mention name of the states)	
9	Operating as Recovery/ Enforcement Agent since	
10	Name of Banks/FIs presently enlisted with as Recovery/ Enforcement Agent / Agency and Recently handled portfolio	

10. Details of Infrastructure:

a.	No. of people employed	
b.	No. of people engaged in Enforcement / Recovery / Collection Activities	
d.	Out of (b) above, No of Employees	
	(i) In respect of whom police verification has been carried out (ii) Who have been certified from IIBF (iii) Who have necessary expertise for Audio / Video recording (iv) Who have been employed on contract basis (v) Who have been employed on Emoluments basis	
f.	Whether Agency having Women Staff (If yes then no of women staff)	

11. Cases of enforcement handled / Cases resolved during the last three years:

Year	Number of Account	Amount involved	Remarks on resolution

12.

Details of adverse action initiated by / pending with any institution / banks / Courts / Authority against the applicant Agency, its proprietor/ and or partners and / or Directors (Past and present), if any.	
---	--

DECLARATION

- I/we declare that I/we am/are ready and willing to be empaneled as Enforcement / Debt Recovery Agency /Agent with Uttarakhand State Co-operative Bank Ltd. on the terms & conditions stipulated by the Bank.
- I/we declare that all the information disclosed by me/ us are true and correct, and in case any information furnished is found to be incorrect, Bank may take necessary action as deemed fit and proper including depanelment / blacklisting from the Bank.
- That I fulfill the eligibility criteria fixed by the bank for empanelment as Debt Recovery/ Enforcement Agency / Agent of the Bank.
- That I/We am/ are aware and understand that mere empanelment does not confer any right to me/us to claim any assignment or any amount from the bank. The payment terms shall be fixed only at the time of allotment of loan portfolios, subject to our acceptance of such terms and conditions.
- That I/we will accept fee structure of the Bank and will not refuse any case/ account assigned to me/us by the Bank.
- I/we declare that I/We follow the prescribed guidelines of regulatory authorities for collection of dues including “Code of Banks Commitments to Customers” (BCSBI code) pertaining to collection of bank dues and “Fair Practice Code” given in RBI circular No DBOD.Leg.No. BC.104/09.07.007/2002-03 dated 5th may 2003 and circular No DBOD.No.BP. 40/21.04.158/2006-07 dated 3rd November 2006 and DOR.ORG.REC.65/21.04.158/2022-23 dated 12th August 2022 and any other guidelines issued by RBI/NABARD/DFS from time to time regarding outsourcing of financial services.

Place:

Date:

Signature of the Applicant. (with seal)

Name of Key Person _____

Designation _____ Mob No. _____