## <On Company Letter head>

## Application for Compounding of Contravention under the Payment and Settlement Systems Act, 2007

Name of the applicant (in

1.

|  | BLOCK LETTERS)  |   |
|--|---|---|
| 2.   | Full address of the applicant (including Phone / Fax Number and email id)   | : |
| 3.   | Brief facts of the case clearly indicating the nature of the contravention, period and amount involved in the contravention | : |
| 4.   | Any other information relevant to the case  | : |
| I / We declare that the particulars given above are true and correct to the best of my / our knowledge and belief and that I / We am / are willing to accept any direction / order of the Compounding Authority in connection with compounding of my / our case. |   |   |
| (Signature of the Applicant)   |   |   |
| Name:  |   |   |
| Designation:   |   |   |
| Dated:   |   |   |
|  |   |   |
|  |   |   |