

RO Code: **INVESTMENT PLAN SELECTION FORM****RETAIL OUTLET INVESTMENT PLAN**

INVESTMENT PLAN	NON-REFUNDABLE DEPOSIT (IN ₹)	TICK ANY ONE (✓)
OxiSmart GPRS Terminal with battery and printer (Integrated)	5000	
OxiCombo NURIT 8320 Terminal with external GPRS modem	4000	
OxiAwaaz GSM Phone Terminal with SMS/IVR integrated printer, dual display and battery	4000	
Oxygen GPRS Modem	2000	
OxiConnect With Visa Debit Card, Credit Card Terminal	6000	
OxiMall Web Vending Plan	1250	
Mobile Plan/SMS/IVR Vending	2500	
OxiRail Vending	3500	

I hereby accept the plan, as ticked above, as my preferred investment plan for being a bonafide Retail Outlet (RO) of Oxygen Services (India) Private Limited (OSI) and agree to pay Non-refundable Deposit, as specified, in the plan details.

I commit ₹20,000 per month as sales revenue within three months and ₹30,000 per month within six months from installation date. In case I am unable to maintain the sale commitment amount, OSI has the right to discontinue the contract without any obligation/notice and recover the Terminal and GPRS Modem provided to me.

I have understood the particulars of the Investment Plan chosen by me, Trading Process, Margins, and related Terms & Conditions of this agreement, as applicable on this date and as amended from time to time. The Oxygen Terminal and GPRS Modem shall remain the property of Oxygen Services (India) Private Limited and will be returned to the company by me in good working condition, should there be discontinuation of this arrangement due to any reason whatsoever.

I agree with the terms of Retailer Incentive Schemes as announced by the company from time to time based on achievement of sales target during the periods as defined in the said scheme.

For and on behalf of, Signed:

RO: Authorized Signatory Retailer's Signature with Stamp	RMU Signature with Stamp
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Oxygen Services (India) Pvt. Ltd.
257, Phase-I, Udyog Vihar, Gurgaon-122 016, Haryana (India).
Customer Care No.: 126 699 (TATA phone users),
1860 180 2214 (All other phone users).
E-mail: feedback@myoxygen.com | Website: www.myoxygen.com

Name of Retailer:

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Designation:

Address of Retail Outlet:

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E-mail ID:

Date: Place: