Application for Linking / Seeding "AADHAAR NUMBER" and receiving DBT benefits into Banking Account – (NPCI Mapping)

To,	
The Drawel Manager	Date:
The Branch Manager, The Greater Bombay Co-op Bank Ltd,Branch	
Sir/ Madam,	
1) I am maintaining Bank Account No.*	
 2) I submit my Aadhaar number and voluntarily give my consent to: i) Use my Aadhaar Details to authenticate me from UIDAI, ii) Use Mobile Number mentioned below for sending SMS Alerts to me, iii) Link the Aadhar Number to all my existing / new/future accounts and customer profile (CIF) with your Bank. 	
	Signature / Thumb Impression of Customer.
OPTION FOR RECEIVING DBT BENEFITS (TICK ONE)	
a) I wish to seed my account No.* with NPCI mapper to enable me to receive Direct Benefit Transfer (DBT) including LPG Subsidy from Govt of India (GOI) in my above account. I understand that if more than one Benefit transfer is due to me, I will receive all the benefit transfers in the same account. (for customer who have not so far seeded account with NPCI Mapper)	
b) I already have an account with (name of the Bank) having IIN Number**, and seeded with NPCI Mapper for receiving DBT from GOI. I request you to change my NPCI mapping (DBT Benefit Account) to my account with your Bank.	
cl already have an account with another Bank (name of the Bank) having IIN Number**, and seeded with NPCI Mapper for receiving DBT from GOI. I do not want to change my NPCI mapping (DBT Benefit Account) from exisiting Bank.	
d) I do not wish to seed my accounts from your Bank with NPCI Mapper (I will not be getting DBT)	
3) I have been explained about the nature of information may be shared authentication. I have been Given to understand that my information submitted to the bank herewith shall not be used for any other than mentioned above or as per requirement of law.4) I hereby declare that all the above information voluntarily furnished by me is true, correct and Complete and my mobile number is written correct.	
Yours faithfully	
Signature / Thumb Impression of Customer. Full Name Mobile Number Email: Encl: Copy of Aadhaar.	
(Signature / Thumb Impression of Customer.)	
*Saving / Current Account in the name of Individuals only would be considered. ** INN number will be provided by Bank receiving the consent Application.	
For Office Use only We confirm having verified signatures, address and mandate for the account including those for Joint account holders. We also confirm that copy of Aadhaar enclosed & number tallied and mobile number is also written.	
Branch: Verifying Official Date with Common Seal	Branch Manager
For CPO Use only	
Request entered by: Name:	Request authorized by: Name:
Signature:	Signature:

Date with Common Seal