

APPLICATION FOR LINKING/ SEEDING AADHAAR NUMBER AND RECEIVING DBT BENEFITS INTO BANK ACCOUNT-(NPCI MAPPING)*

The Branch Manager,			Date: D D M M Y Y Y Y
	_Branch		
	_Bank		
Dear Sir,			
I am maintaining the below indicate	d bank account with you	ır branch.	
Account No.	in the na	ame of	
Please update my Aadhaar details	and I provide my volunta	ary consent for:	
Aadhaar No.:	OR		
Enrollment ID: /	1	D D M M Y Y Y Y	- H H : M M : S S OR
Virtual ID:			
 Use my Aadhaar details to auther Use my Mobile Number mention Link the Aadhaar Number to all recustomer profile (CIF) with your 	ed below for sending SMmy existing/new/future a		Signature/Thumb Impression of customer
Option For Receiving DBT Benef	its (Tick One)		
transfer is due to me, I will rece seeded account with NPCI Map I already have an account with with NPCI Mapper for receiving my account with your Bank. I already have an account with a	eive all the benefit transfeper)	me of Bank) having IIN Nursyou to change my NPCI m (name of Bank) having IIN Nursyou to change my NPCI m (name of Bank) having IIN Nursyou to change of Bank) having the change of Bank) having the change of Bank) having the shared upon auth	entication. I have been given to
I hereby declare that all the above in	formation voluntarily furn	ished by me is true, correct	and complete.
Yours faithfully	If consent s	ent through BC/BDO/VO	
Signature/Thumb Impression	I hereb	y authorise the Banking C	orrespondent
of customer		y authorise the Sarpanch, consent letter to the bank.	V.O./B.D.O./to submit the
Name :			
Mobile No.:			
Email:			
			Signature/Thumb Impression

^{*}NPCI Mapping: Mapping is a process of associating a Bank with Aadhaar number which is facilitated by NPCI for Direct Benefit Transfer to the respective Bank who have linked the Aadhaar Number to a specific Bank account for receiving Direct Benefits to which customer has given the consent.

**IIN number will be provided by Bank receiving the consent Application