Murshidabad District Central Co-operative Bank Ltd.

Head Office: 48, 49 B.B. Sen Road, P.O. Berhampore, Dist. Murshidabad (W.B.). PIN-742 101,

Jelar Bank Aapnar Bank

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

To,
The Branch Manager,

Date: | D | D | M | M | Y | Y | Y | Y |

……………………….……………….. Bank Ltd.

_____ Branch

Dear Sir,

Account No. | | | | | | | | | | | | | | | **Customer Id** | | | | | | | | | | | |

Name | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Linking/Seeding of Aadhaar in NPCI-Mapping for Receiving Direct Benefits.

1. **I am maintaining the above mentioned Account No / Customer Id with your Bank.**

2. I submit my Aadhaar number and voluntarily give my consent to:
   A   Use my Aadhaar Details to authenticate me from UIDAI.
   B   Use my Mobile Number mentioned below for sending SMS alerts to me.
   C   Link the Aadhaar 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 (✔ ONE)

o   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**).

o   I already have an account with ……………………………………………………………………… (name of 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 above mentioned account with your Bank.

o   I already have an account with another bank……………………………………………………………… (name of 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 the existing Bank.

o   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 that may be shared upon authentication. I have been given to understand that my information submitted to the bank herewith shall not be used for any purpose other than mentioned above, or as per requirements of law.

4. I hereby declare that all the above information voluntarily furnished by me is true, correct and complete.

Yours faithfully

(If consent sent through BC/BDO/VO)
• I hereby authorize the Banking Correspondent
………………………………………….…………
• I hereby authorize the Sarpanch/V.O./B.D.O./
………………….…………………. to submit
the above consent letter to the bank.

(Signature/Thumb impression of customer)

(Signature/Thumb impression of customer)

Name | | | | | | | | | | | | | | | | | | | | | | | | | | |

Mobile no. | | | | | | | | | | | | | | | | | | | | | | | | | | |

E-mail | | | | | | | | | | | | | | | | | | | | | | | | | | |

Enclo: Copy of Aadhaar

*   **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.