# APPLICATION FOR LINKING /SEEDING AADHAR NUMBER **(FORM-A)**
## AND RECEIVING DBT BENEFITS INTO BANK ACCOUNT - (NPCI MAPPING)*

The Branch Manager,                                                          Date:

_____ Branch

The Gujarat State Co-Op. Bank Ltd.


Dear Sir,

Account No_____ in A/c Name _____

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

I am maintaining a Bank account No._____ with your Branch.

2. I submit my Aadhaar Number _____and voluntary give my consent to:
  - o Use my Aadhaar Details to authentic me from UIDAI
  - o Use my Mobile Number mentioned below for sending SMS Alerts to me
  - o 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 (TICK ONE)**

  2.1 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 it more than one Benefit transfer due to me, I will receive all the benefit transfer in the same account**(for customer who have  not so far seeded account with NPCI mapper )**

  2.2 I already have an account with _____ (name of bank) having IIN Number **_____are 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.

  2.3 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

  2.4 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



**(Signature / thumb impression of customer)**

Name

Mobile No.

Email:

**Encl 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