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

The Branch Manager,		Date:
Bra		
Dear Sir,	IIK.	
	in A/c Name lhaar in NPCI-Mapping for	
I am maintaining a Bank a	eccount No	_ with your Branch.
to: O Use my Aadhaa O Use my Mobile N	amber and voluntarily give many repetation of the state o	from UIDAI.
		(Signature/Thumb Impression of customer)
OPTION FOR RECEIV	VING DBT BENEFITS (T	ICK ONE)
Transfer (DBT) in more than one Be customer who ha	ncluding LPG Subsidy from enefit transfer is due to me, we not so far seeded account	with NPCI mapper to enable me to receive Direct Benefit Govt. of India (GOI) in my above account. I understand that if I will receive all the benefit transfers in the same account.(for mt with NPCI Mapper) (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
I already have Number**_ change my NPCI	, and seeded with NPG mapping(DBT Benefit Acc	nk. er bank(name of Bank) having IIN CI Mapper for receiving DBT from GOI. I do not want to count) from the existing Bank. Bank with NPCI Mapper (I will not be getting DBT).
	rmation submitted to the bo	on that may be shared upon authentication. I have been given to ank herewith shall not be used for any purpose other than
4. I hereby declare that all	the above information volum	ntarily furnished by me is true, correct and complete.
Yours faithfully		[if consent sent through BC/BDO/VO]
(Signature/Thumb Impression of customer)		o I hereby authorise the Banking Correspondent
		I hereby authorise the Sarpanch,/ V.O./B.D.O./
Name:		to submit the above consent letter to the bank.
Mobile No.:		
Email:		
Encl: Copy of Aadhaar		
for Direct Benefit Transfer for receiving Direct Benef ** IIN number will be pro	r to the respective Bank who its to which customer has give vided by Bank receiving the	consent Application
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