



Name of the Branch : (ബ്രാഞ്ചിൻ്റെ പേര്) _____

Bank Account – Aadhaar Seeding Application Form

എക്കൗണ്ട് , ആധാറുമായി ബന്ധിപ്പിക്കുന്നതിനുള്ള അപേക്ഷാ ഫോറം

1. Customer ID Number

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2. Name (പേര്)

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4. Savings Bank Account Number (സേവിങ്ങ് ബാങ്ക് എക്കൗണ്ട് നമ്പർ) Write 16 digit Account Number:

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5. Aadhaar Number (ആധാർ നമ്പർ) write your 12 digit Aadhaar number as per Aadhaar Card)*

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6. Mobile Number (മൊബൈൽ നമ്പർ)

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7. Option for receiving DBT benefits (Tick One)

- 1. I wish to seed my Account No _____ with NPCI mapper to enable me to receive DBT including LPG subsidy from GOI in my above account. I understand that if more than one DBT is due to me, I will receive all the DBT in the same account **(For customers who have not seeded account with NPCI Mapper)**
- 2. I already have an account with _____ 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.**

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

I hereby authorize The Kodungallur Town Cooperative Bank Ltd No 102, to accept all credit and debit by way of linking my Aadhaar number (as mentioned above) on behalf of me and credit and debit it to my Savings Account with you.

(എൻ്റെ പേരിലുള്ള സേവിങ്ങ് ബാങ്ക് എക്കൗണ്ട് ആധാർ നമ്പറുമായി ബന്ധിപ്പിച്ചിട്ടുള്ള എല്ലാ ഇടപാടുകൾക്കും ഞാൻ കൊടുങ്ങല്ലൂർ ടൗൺ സഹകരണ ബാങ്കിനെ ചുമതലപ്പെടുത്തുന്നു.)

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 DD/MM/YYYY

Signature of the customer

*Please securely attach a clear/legible copy of Aadhaar card with this request form and make sure that the number entered in this form is as per the Aadhaar card.

Branch use

Received Aadhaar seeding request from Sri. / Smt. _____
 on _____ and the details are correct / complete. (Sign)

Branch Manager

Head Office use

Verified and linked on _____

(Sign)
 Authorised Officer