



Head Office: Kalyanam_astu, Om Vijaykrishna Apt., Adharwadi, Kalyan (W) 421-301. Maharashtra.

kalyanjanata.in 0 **f** \times KJSBank

APPLICATION FOR LINKING/SEEDING AADHAAR NUMBER

PLEASE TICK (✓) APPROPRIATE COLUMN	Date: DD - M M - Y Y Y Y
The Branch Manager,	
The Kalyan Janata Sahakari Bank Ltd.,	
Branch.	
Dear Sir / Madam,	
Sub: Linking/Seeding of Aadhaar in NPCI – Mapping for Recei	iving Direct Benefits.
I am having a Savings Bank account no.	with your branch.
I submit my Aadhaar number and voluntarily give my consent to:	
Seed my Aadhaar / UID number issued by UIDAI, Government of India	in my name with my aforesaid account.
Map it at NPCI* to enable me to receive Direct Benefit Transfer (DBT) for	rom GOI/State Govt. in my above account. I understand that
if more than one Benefit transfer is due to me, I will receive all Benefit	Transfers in this account.
Link the Aadhaar Number to all my existing/new/future A/cs and cust	
already have an account with (name of Bank) having	
Mapper for receiving DBT from GOI. I request you to change my NP	
Bank. OR I do not want to change my NPCI mapping (DBT Benefit A	
✓ Use my Aadhaar Details to authenticate me from UDAI. ✓ Use my I	Mobile Number mentioned below for sending SMS Alerts to me.
My Aadhaar / UID number :	My Name as per Aadhaar card :
I have been explained about the nature of information that may be shabeen given to understand that my information submitted to the bank he than mentioned above, or as per requirements of law. I hereby declare that my Aadhaar number has not been seeded with an I hereby declare that all the above information voluntarily furnished by	rerewith shall not be used for any purpose other y other bank account.
Yours Faithfully, numb respe accou	CI Mapping: Mapping is a process of associating a Bank with Aadhaar per which is facilitated by NPCI for Direct Benefit Transfer to the ective Bank who have linked the Aadhaar Number to a specific Bank unt for receiving Direct Benefits to which customer has been given onsent.
(Signature / Thumb impression of customer) **IIN	number will be provided by Bank receiving the consent Application.
Name:	
Mobile Number: Email I	D (If any)
Date :	
Encl: Copy of Aadhaar	
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Acknowledg	
Sir/Madam, Name of Applicant	
This is to acknowledge that your request for seeding your Aadha	aar number with your bank account A/c Type & A/c No.
has been received on Date for further p	

Signature of Branch Official along with Branch Seal: