दि हिंदुस्थान
को-ऑपरेटिव्ह
बँक लि. मुंबई

The Hindusthan Co-Op. Bank Ltd., Mumbai

HEAD OFFICE : HORIZON TOWER, 1ST & 2ND FLOOR, JAI SHASHANK CO-OP. HSG. SOCIETY LTD., OPP. ATI, V.N. PURAV MARG, CHUNABHATTI, MUMBAI - 400 022. ● Tel. No.: 022-3501 3800 / 2405 2121/2405 2424 / 2405 2525
E-mail : support@hindusthan.bank.in ● Website : www.hindusthan.bank.in

Mandate for linking account to AADHAAR based payment system

To,
The Branch Manager
_____Branch

Dear Sir/Madam,

I, Mr./Mrs. _____
Authorize **The Hindusthan Co-Op. Bank Ltd.,** Mumbai to link my account for AADHAAR based payment system.

SB/CA A/c No.:

With My Aadhaar No.:

I submit my Aadhaar Number and voluntarily give my consent to:

1. Use my Aadhaar Details to authenticate me from UIDAI.
2. Link the Aadhaar Number to all my existing / future accounts and customer profile (CIF) with the bank.

(12 digit Aadhaar Card No) for receiving Subsidy / Salary / Pension / Other benefits paid by various Government Authorities.

ALREADY HAVING BENEFITS FROM OTHER BANK (if any)

I already have an account with another bank _____ (name of the bank) **IIN No.**☐☐☐☐☐☐ and seeded with NPCI Mapper for receiving DBT from GOI. I want to change my **NPCI MAPPING** (DBT Benefit Account) from the existing bank and link it with your bank.
You can update my following details with my account mentioned above.
Mobile No.: _____
Email ID: _____
I hereby declare that all the above information voluntarily furnished by me is true, correct and complete.

Thanking you,

Yours's truly,

(Signature of Account Holder as per Bank record
in case of minor-Guardians Signature)

Name: _____

Place: _____ Date : _____

Encl: **Self-Attested copy of AADHAAR Card or Aadhaar Application**

(For Office Use Only)

Received On: _____

Received / Verified By - Name: **Signature** _____