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

Date:

The Branch Head,
Tamilnad Mercantile Bank Ltd.,
…………………………..Branch

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._____Cust ID:_____ with your Branch.

2. I submit my Aadhaar number and voluntarily give my consent to:
   o Use my Aadhaar Details to authenticate 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)

   o 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 if more than one Benefit transfer is due to me, I will receive all the benefit transfers in the same account.**(for customer who have not so far seeded account with NPCI Mapper)**
   o I already have an account with _____(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 Benefit Account)** to my account with your Bank.
   o 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.
   o 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   [if consent sent through BC/BDO/VO]

(Signature/Thumb Impression of customer)   o I hereby authorise the Banking Correspondent
                                                 …………………………………….
                                                 o I hereby authorise the Sarpanch,/ V.O./B.D.O./
Name: …………………………...
Mobile No.:   to submit the above consent letter to the bank.

Email:

Encl: Copy of Aadhaar
                                                 (Signature/Thumb Impression of customer)

*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