



THE COSMOS CO-OP. BANK LTD.

(Multistate Scheduled Bank)

Registered Office: 'Cosmos Tower', Plot No. 6, ICS Colony, University Road, Ganeshkhind, Shivajinagar, Pune - 411007. Ph.: 020-67086708
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APPLICATION FOR LINKING / SEEDING AADHAAR NUMBER AND RECEIVING DBT BENEFIT INTO BANK ACCOUNT- (NPCI MAPPING)

The Branch Manager,

Form No. :

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Date : _____

_____ Branch

Account No. _____ in A/c Name _____

& CIF ID _____ Linking / Seeding of AADHAAR in NPCI-Mapping for Receiving Direct Benefits.

for AADHAAR No.

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- I am maintaining a Bank Account No. _____ with your Branch.
- I submit my AADHAAR number and voluntarily give my consent to:
 - Use my AADHAAR Details to authenticate me from UIDAI.
 - Use my Mobile Number mentioned below for sending SMS Alerts to me.
 - 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)

- 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 transfer in the same account. **(for customer who have not so far seeded account with NPCI Mapper)**
- 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 Accounts)** to my account with your Bank.
- 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.
- 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

(Signature/Thumb Impression of customer)

Mobile No. : _____

Email : _____

Name : _____

Encl: Copy of AADHAAR

* NPCI Mapping : Mapping is a process of associating the 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 the Bank receiving the consent Application

Acknowledgement

The Cosmos Co-operative Bank Ltd.

Received from Mr. / Mrs. _____ Account no. _____

Request for linking Bank account to AADHAAR based payment system vide Form No. _____

Name of Officer _____ Signature _____

Branch _____ Date : _____

For Office Use

(To be filled by Branch)

- Name, customer ID and Account number are found in order.
- Signature of the account holder verified and found in order.
- Documents are verified from original and taken on record as per requirement.
- Latest KYC documents are on record.
- No other customer ID exists in the system for this customer.
- Request approved.
- Incorrect AADHAAR Number
- Rejected, reasons for rejection _____

If approved –

Form received by

Action completed by

Name : _____

Name : _____

Signature : _____

Signature : _____

Date :

D	D	M	M	Y	Y	Y	Y
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Date :

D	D	M	M	Y	Y	Y	Y
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