

AADHAAR CONSENT -CUM- DBT DECLARATION FORM

To be submitted in case of voluntary submission of Aadhaar for the purpose of KYC of accountholder, borrower, guarantor, claimant/nominee & witness.

Date: _____

To:

The Branch Manager,
Bharat Co-operative Bank (Mumbai) Ltd.
 _____ Branch

I am maintaining Bank Account(s) at your Branch & my details are as under:

My Customer Number (CIF)																				
Primary Account Number [at Bharat Bank for Direct Benefit Transfer (DBT)]																				
Aadhaar / UID Number [Mention Aadhaar No. only if opting for DBT]																				
Registered Mobile Number																				
Date of Birth		d	d	/	m	m	/	y	y	y	y									
My Name as in Aadhaar Card																				
Mother's Name	First-Name(mandatory)						Middle-Name						Last-Name							
<input type="checkbox"/> Father's <input type="checkbox"/> Spouse's Name	First-Name(mandatory)						Middle-Name						Last-Name							

Gender: select below
 Male Female
 Others

I voluntarily submit to Bharat Co-operative Bank (Mumbai) Ltd., hereinafter referred to as 'Bharat Bank' my Aadhaar No. & Aadhaar card/physical e-Aadhaar / masked Aadhaar / offline electronic Aadhaar xml issued by UIDAI, for the purpose of establishing my identity / address proof and voluntarily give my consent to open account / process instructions for the said purpose at Bharat Bank in my individual capacity using my Aadhaar or as an authorized signatory in non-individual accounts and; hereby consent to Bharat Bank for verification of my Aadhaar to establish its genuineness through Quick Response (QR) code embedded in the Aadhaar card or through such other acceptable manner as permitted by UIDAI or under any Act or law from time to time. The consent and purpose of collecting Aadhaar has been explained to me in local language. Bharat Bank has informed me that my Aadhaar details submitted to the bank herewith shall not be used for any purpose other than mentioned above, or as per requirements of law. Bharat Bank has informed me that this consent and my Aadhaar details will be stored along with my account details within the bank. I hereby declare that all the information voluntarily furnished by me is true, correct and complete. I will not hold Bharat Bank or any of its officials responsible in case of any incorrect information provided by me.

Option for receiving DBT benefits (Please select any one from below) | Applicable to SB accountholders only.

- I wish to seed my account number mentioned above with NPCI mapper to enable me to receive Direct Benefit Transfer (DBT) including LPG Subsidy form Govt. of India or the funds of the State 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 customers who have not so far seeded account with NPCI Mapper] DO NOT REDACT AADHAAR NO.
- I already have an account with _____ Bank (name of another Bank) having IIN Number*_____ and seeded with NPCI Mapper for receiving DBT from Govt. of India. I request you to change my NPCI mapping (DBT Benefit Account) to my primary account with your Bank.
- I already have an account with _____ Bank (name of another Bank) having IIN Number*_____ and seeded with NPCI Mapper for receiving DBT from Govt. of India. I do not want to change my NPCI mapping (DBT Benefit Account) from the existing Bank.
- I do not wish to seed my account(s) from your Bank with NPCI Mapper. (I understand that I will not be getting DBT if I choose this option)

*IIN Number will be provided by the Bank

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

For Office Use Only		
Mobile Number Registered? (Mandatory)	<input type="checkbox"/>	Yes
Email ID Registered?	<input type="checkbox"/>	Yes <input type="checkbox"/> No
<i>Aadhaar Number verified on UIDAI website and found correct. Gender & Date of Birth updated in the System. In case of non-DBT customers, redacted Aadhaar Number on AOF/CDF/Aadhaar consent form & on photocopy of Aadhaar Card.</i>		
Branch Official Name	Staff No	Signature
Entered in Evolve on Date:		
Staff Name	Staff No	Signature

_____ (Signature/Thumb Impression of Customer)
