

Sr No. _____

Form-1
Bank Linking Form
(To be submitted to Bank]

Bank Account – Aadhar Linkage Application Form

To,
The Branch Manager,
Name of Bank _____
Name of Branch _____

Sir,
I have Bank Account in your bank and I request/authorize you to please seed my Aadhaar Number to my Account Number in your bank as per details provided by me below:

1. Bank Account Number (Write Account Number which you want to link with your Aadhar Number. Start with the left most box and fill only required number of boxes, leave rest blank):

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2. Name (in English):

Name exactly as it is in the Bank Account (INBLOCK LETTERS)	First Name	Middle Name	Last Name
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3. Address (in English):

City/Village																				
State								District												
													Pin code							

4. Aadhaar Number (Write your 12-digit Aadhaar Number as per Aadhaar letter/card) *:

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5. Gender (√ in appropriate place): Male Female

6. Mobile Number (Enter your 10-digit Mobile Number) - Optional:

+91																				
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*Please securely attach a clear/legible copy of Aadhaar letter/card with this request form and make sure that the number entered in this form is as per the Aadhaar letter.

Place: _____ Date: _____ Signature of the Consumer _____



Received Aadhaar seeding request from
Mr. /Mrs _____ on _____

- A. The request is complete and the seeding confirmation will be sent to you within 7 days.
- B. Aadhaar seeding request is incomplete. Please submit with complete details and legible copy of Aadhaar.

Signature of Bank Officer with Seal and date