

**APPLICATION FOR LINKING /SEEDING AADHAR NUMBER AND RECEIVING DBT BENEFITS INTO POSB ACCOUNT – NPCI MAPPING \***

To  
The Chief Post master/ Head Post master / Sub Post master,  
..... Post office

Date:

**Dear Sir,**

**Account Number..... in a/c Name.....**

**Linking / Seeding of Aadhaar in NPCI-Mapping for receiving Direct Benefits.**

I am maintaining a Saving Bank Account Number.....with your Post Office Branch .....

2. I submit my Aadhaar number and voluntarily give my consent to: (self-attested copy enclosed)

- 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 Post office.

(Signature/ Thumb Impression of customer)

**OPTION FOR RECEIVING DBT BENEFITS (TICK ONE)**

- I wish to send 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).**
  - I already have an account ..... (Name of the Post Office) 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 Post Office.**
  - I already have an account with another Bank ..... (Name of the 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/Post office.**
  - I do not wish to seed my accounts from your Post Office 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 Post office 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)

Name

Fathers / Spouse Name:

Account Number:

Address of the Customer:

Mobile Number & Email:

Post Office Name with Branch:

Encl.: Copy of Aadhaar (Self attested)

(Signature/Thumb Impression of Customer)

*\*NPCI Mapping: Mapping is a process of associating a Post Office/Bank with Aadhaar number which is facilitated by NPCI for Direct Benefit Transfer to respective Post offices/Bank who have linked the Aadhaar Number to a specific POSB/Bank account for receiving Direct Benefits to which customer has given the Consent.*

*\*\* IIN Number will be provided by Bank/Post office receiving the consent Application.*