I. CONSENT / REQUEST FOR SEEDING AADHAAR & PAN NUMBER IN ACCOUNT / CUSTOMER ID	DhanlaxmiBank
II. CONSENT FOR LINKING AADHAAR NUMBER AND RECEIVING DIRECT BENEFITS INTO BANK ACCOUNT (NPCI MAPPING)	established 1927

I. CONSENT / REQUEST FOR SEEDING AADHAAR & PAN NUMBER IN ACCOUNT / CUSTOMER ID

II. CONSENT FOR LINKING AADHAAR NUMBER AND RECEIVING DIRECT BENEFITS INTO BANK ACCOUNT (NPCI MAPPING)

The Branch Manager

Dhanlaxmi Bank Ltd. _____Branch   Date:

I   I am maintaining / would like to start and maintain a relationship with the Bank.

Account No (15 Digit)

Customer Name:

Customer ID: Individual/Authorized Signatory/Mandate Holder/Guarantor/Beneficial Owner

Mobile No (10 Digit)

PAN   (If No PAN, Please submit Form 60)

CKYCR No: (If any)

a) ☐ I do not have mobile number   b) ☐ I do not intend to disclose my mobile number
c) ☐ I have already registered a nominee for the above account.
d) ☐ I do not wish to make a NOMINATION for the above account*. (*Branch officials to obtain Form DA1 for registering Nomination facility)

2.   Aadhaar No.: ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐

I hereby submit my Aadhaar number and voluntarily give my consent to

     a) Use my Aadhaar Details to authenticate me from UIDAI
     b) Use my mobile number mentioned above for sending SMS alerts to me.
     c) Link the Aadhaar Number to all my existing/new/future accounts and to customer profile (Customer ID) with your Bank.

(Signature/Thumb Impression of customer)

II   **Options for receiving Direct Benefit Transfers (DBT) (Tick whichever is applicable)**

a) ☐ I wish to seed my primary account number (shown above) with NPCI mapper to enable me to receive Direct Benefit Transfers including LPG subsidy from Govt. of India in my account. I understand that if more than one Benefit transfer is due to me, I will receive all the Benefit Transfers in this account. **I here by declare that I have NOT so far seeded any of my accounts with other Bank(s) with NPCI Mapper.**

b) ☐ I already have an account with _____ Bank (Name of the 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.**

c) ☐ I already have an account with _____ 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.**

d) ☐ I do not wish to seed my accounts from your Bank with NPCI Mapper. (I will not be getting DBT)

   III. 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, as per requirements of law.
   IV. I here by declare that all the above information voluntarily furnished by me is true, correct and complete.

	If consent sent through BC/BDO/VO
(Signature/Thumb Impression of Customer)	I hereby authorize the Banking Correspondent / Sarpanch / V.O / B.D.O _____ to submit the above consent letter to the Bank.
[*] IIN (Institution Identification Number) will be provided by Bank receiving the consent application.	**(Signature/Thumb Impression of Customer)**

For Branch Use only

We hereby confirm that
☐ PAN has been verified online and confirm genuineness
☐ For Aadhaar, e-KYC (Biometric / OTP) has been done and confirm the genuineness   Signature of Branch Official with Seal