अंबरनाथ जय-हिंद
को-ऑप बँक लि.
आपुलकीने वागणारी माणसं !

***Plot No. 42, Lokmanya Tilak Path, Ambarnath (W), Dist. Thane* 421501.**
***Tel. No.* :- 0251-2681826/3378/3387 *Fax No.* :- 0251-2684374**

(Bank Linking Form)

Bank Account – Aadhaar Linkage Application form (For LPG Consumers only)

To,
Branch Manager,
(Write name of the Bank below – in which you have your account and to which you want to link your Aadhaar Number)

Bank Name																			
Branch Address																			

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

2. Write your Name (in English)

3. Your Address (in English)

City/Village																			
State												District							
												Pincode							

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

5. Your Gender (✓ in appropriate place): Male ☐ Female ☐
6. Your Mobile Number (Enter your 10-digit Mobile Number)

Your Signature

Date (dd/mm/yyyy)

*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.

ACKNOWLEDGEMENT SLIP:

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 Complete details and legible copy of Aadhaar .

Signature of Bank Officer with Seal and Date