

CONSENT FORM FOR AADHAAR SEEDING AND AUTHENTICATION

The Branch Manager
Branch.....

Date : / /

The Panchmahal District Co Operative Bank Ltd.

Dear Sir/Madam,

Bank Account No. _____ in my name Linking of Aadhaar / UID Number/s with the account and authenticating with UIDAI

1. I am maintaining a Savings/Current Bank Account number..... with your Branch (Branch name.....).
2. I have voluntarily chosen Aadhaar based KYC or e-KYC or Offline Verification, and submit to the Bank my Aadhaar number, Virtual ID, e-Aadhaar, XML, Masked Aadhaar, Aadhaar details, demographic information, identity information, Aadhaar registered mobile number, face authentication details and/or biometric information (collectively, "Information").
3. I authorise and give my consent to the Bank (and its service providers), for carrying out my identification, offline verification or e-KYC or Yes/No authentication, demographic or other authentication / verification / identification in accordance with applicable Law.
4. I submit my Aadhaar number and voluntarily give my consent to seed my Aadhaar number with my aforesaid account and authenticate with UIDAI for; (select appropriate requests through tick mark ✓)
 Mapping it at NPCI to enable me/us to receive Direct Benefit Transfer (DBT) from Government of India in my above account and authenticate me with UIDAI. I/we understand that if more than one Benefit transfer is due to me, I will receive all Benefit Transfers in this account. My Aadhaar is not seeded with any other Bank for receiving DBT benefits.
 Changing the mapping at NPCI (for receipt of DBT benefit amount) from my account with _____ (name of bank) to my above account with The Panchmahal District Co Operative Bank Ltd.
 Availing AEPS (Aadhaar Enabled Payment System) and other services based on Aadhaar authentication
5. I have been explained in local language about the consent, purpose of collecting Aadhaar and the nature of information that may be shared upon authentication by UIDAI (Aadhaar details). 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, or as per requirements of law.
6. The Panchmahal District Co Operative Bank Ltd. has informed that my biometrics will not be stored / shared and; Aadhaar details will be submitted to Central Identities Data Repository (CIDR) only for the purpose of authentication for the aforementioned purpose. The Panchmahal District Co Operative Bank Ltd. has informed me that this consent and my Aadhaar number will be stored along with my account details within the bank in accordance with applicable Law.
7. I have downloaded the e-Aadhaar document myself using the OTP received on my Aadhaar registered mobile number.
8. I hereby authorise & consent to The Panchmahal District Co Operative Bank Ltd. to collect, disclose, share, store, preserve and use the Information and authentication data and records, as may be required under applicable laws or for the purposes above or as per the internal requirements of The Panchmahal District Co Operative Bank Ltd.

The particulars of the Aadhaar/ UID letter are as under:

Aadhaar/ UID number:

Name of the Aadhaar Holder as in Aadhaar card:

Yours faithfully,

(Signature or Thumb Impression of Aadhaar Number Holder / Parent or Guardian in case the Aadhaar Number Holder is a minor)	in case of Blind / illiterate Aadhar / VID card holder, above consent was taken by verbally informed about the reason for collecting Aadhar / VID information in presence of a witness know to the Aadhar / VID holder
Name :	Witness Name :
Mobile Number :	Witness Address :
Sign :	Witness Mobile Number :
	Witness Sign :

Reference No.....

(Bank's authorized official)