APPLICATION FORM FOR AADHAAR SEEDING OF POST OFFICE ACCOUNT OF BENEFICIARY

(Form-Filling and Submission to Bank to be facilitated by AWW / ASHA /ANM)

Mandatory fields*			
FULLNAME (Please leave one space between First, Middle and Last name)			
Customer Name			
Account Number			
CIF ID			
AADHAAR DETAILS FOR SEEDING: *			
Aadhaar Number			
Name on Aadhaar Card			
 i)			
 Map it at NPCI to enable me to receive Direct Benefit Transfer (DBT) from Government of India in my above account. I understand that if more than one Benefit transfer is due to me, I will receive all Benefit Transfers in this account Use my Aadhaar details to authenticate me from UIDAI Use my mobile number which is registered with the Bank for sending SMS alerts to me 			
I the undersigned, have read, understood and agree to absolutely and unconditionally abide by and be bound by the Terms and Conditions displayed on IPPB's website as revised from time to time, in relation to all of my I our accounts, for present and future, maintained I opened I to be maintained I to be opened with India Post Payments Bank.			
(Signature/Thumb Impres	ession of Beneficiary)		
Enclosure: Self attested co	opy of my Aadhaar card	*Please tick whichever is applicable.	

For Post Office use only

The Aadhaar number			
Of Mr. / Mrs. / Ms	has been seeded from the Account		
number			
with IPPB	_ Branch.		
	Official ID		
Signature of Post Office Authorized Official Date \[\sum_{\sum \sum \sum \sum \sum \sum \sum \sum			
×	×		
CUSTOMER ACKNOWLEDGEMENT SLIP			
Acknowledgment slip for Aadhaar seeding:			
Customer Name	_		
Account Number			
Name of Post Office Authorized Official	Official ID		
Signature of Post Office Authorized Official			
Date III/III			