



## THE HINDUSTHAN CO-OPERATIVE BANK LTD. MUMBAI - 9

H. O. 4-A, DEVI GALLI, BABURAO BOBDE MARG, LOKHAND BAZAR, MUMBAI - 400 009.  
TEL. NO. : 23483780 / 23483782 / 23483783 TELFAX : 23488939 email : hcbl@vsnl.net

### Mandate for linking account to AADHAAR based payment system

To,  
The Branch Manager,  
\_\_\_\_\_ Branch.

Dear Sir / Madam,  
I Mr./Mrs. \_\_\_\_\_ Authorize  
**The Hindusthan Co-op. Bank Ltd., to link my account for AADHAAR based payment system.**

SB / CA A/c No. :

With My AADHAAR Card No. :

(12 Digit Aadhaar Card Number) for receiving Subsidy / Salary / Pension / Other benefits paid by various Government Authorities.

You can update my following details with my account mentioned above.

Mobile No.: \_\_\_\_\_

Email Id : \_\_\_\_\_

Thanking you,

Yours truly,

(Signature of Account holder as per Bank record)

Name :- \_\_\_\_\_

Place : - \_\_\_\_\_ Date : \_\_\_\_\_

**Encl : Self - Attested copy of AADHAAR Card or AADHAAR application acknowledgement receipt with Enrollment Number  
(Please collect your 15 Digit account number from the respective Branch)**

**For Office use only**

Received On \_\_\_\_\_

Received / verified By - Name \_\_\_\_\_ Signature : \_\_\_\_\_