



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 TEL NO.: 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.:

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With My AADHAAR Card No.:

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(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 _____