HUTATMA SAHAKARI BANK LTD,WALWA

हुतात्मा सहकारी बँक लि , वाळवा

AADHAR LINKING FORM

To
The Branch Manager,
Branch. _____

Dear Sir/Madam,

I, Mr. / Mrs _____

having account with your Bank authorize The Hutatma Sahkari Bank Limited, Walwa to Link my below mentioned Aadhaar Card number to my Saving Account number given below to receive Gas Subsidy / Pension/Salary and or any other benefits to be paid by Government authorities or gas companies.

SB/CD A/c. No.														
Aadhar Card Number														

I further request you to kindly update my below mentioned details in my Customer Profile.

Mobile No.												
Email Id												

Thanking You,
Yours Faithfully

1) 2 3

_____ _____ _____

Signature of Accountholder

* In case of Joint Account all Accountholders should sign the mandate.
* Name of the First Accountholder will only be considered for Aadhar Card mapping.