(FILLED UP FORM SHOULD BE SUBMITTED TO AUTHORISED PERSONS ONLY)

Form 2-B

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*	DY AVVW / ASHA /ANIM)		
FULLNAME (Please leave one space between First, Middle and Last name)			
Customer Name			
Account Number			
CIFID	7		
AADHAAR DETAILS FOR SEEDING: *			
Aadhaar Number			
Name on Aadhaar Card			
i)			
Signature/Thumb Impression of Beneficiary) Date \ \propto \propto \propto			
nclosure: Self attested copy 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 Accou	ınt	
number	110	
with IPPB Branch.		
Name of Post Office Authorized Official	Official	ID
Signature of Post Office Authorized Official		
Date DD/DD/DD		
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		