

**DECLARATION FOR THUMB IMPRESSION/SIGNING
IN VERNACULAR LANGUAGE**



DECLARATION

(This declaration must be signed by the employee of IDFC FIRST Bank and related to the account holder)

This is to certify that I have read out the contents of AOF for Mr./Mrs _____
and he/she has understood the same.

Further, I would also like to certify that Mr./Mrs. _____ has affixed
his/her thumb impression (left hand/right hand) or has signed in vernacular language in my presence after I have explained the
contents to him/her.

Name of the Witness 1: _____ Name of the Witness 2: _____

Relationship with Account Holder: _____ Relationship with Account Holder: _____

Address: _____ Address: _____

Signature of Witness 1

(Signature of Witness is not required for Vernacular Declaration)

Signature of Witness 2

(Signature of Witness is not required for Vernacular Declaration)

Name of the Account Holder _____

I confirm that the terms and conditions are explained by _____ in _____

I have understood and agree to the terms and conditions mentioned on AOF.

Signature/Thumb Impression:

Signature and Stamp of Branch:

Date

D	D

M	M

Y	Y	Y	Y