

DUPLICATE TDS CERTIFICATE REQUEST FORM



Please fill in Black Ink and in CAPITAL LETTERS
All fields marked “ * ” are MANDATORY

Date
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CUSTOMER DETAILS

Customer Type Resident Non-Resident

*Customer ID

*Customer Name

Kindly issue me a duplicate TDS Certificate in Form 16A for the following period:

Financial Year to

Quarter Full (You will get one for each quarter)

Q1 (Apr-Jun)

Q2 (Jul-Sep)

Q3 (Oct-Dec)

Q4 (Jan-Mar)

DECLARATION & SIGNATURE(S)

I/We, the undersigned, have read, understood and agree to absolutely and unconditionally abide by and be bound by the Terms and Conditions displayed on website www.idfcbank.com as revised from time to time by IDFC Bank Limited, in relation to all of my/our accounts, for present and future, maintained/opened/to be maintained/to be opened with IDFC Bank Limited.

Signature as per Account Rule

Signature

Signature

Signature

Name of First Account Holder/
Authorised Signatory

Name of Second Account Holder/
Authorised Signatory

Name of Third Account Holder/
Authorised Signatory

FOR BANK USE ONLY

Service Request No.

Employee ID

Name of the Branch Official

Sourcing Branch Code

Signature of the Branch Official

CB-BB/54/11-2017/0