## MINOR TO MAJOR UPDATE FORM



Please fill in Black Ink and in CAPITAL LETTERS All fields marked " * " are MANDATORY	Date D D M M Y Y Y Y
CUSTOMER DETAILS	
	*Account Number
*Customer Name	
I hold a minor Savings Account bearing Account Number as above under the guardianship of my father / mother / court appointed guardian / self operated (tick whichever applicable)	
I attained majority on and would like to continue operating the aforesaid Account in my individual capacity without the presence of my guardian.	
I confirm that I am fully aware of all the transactions done in my account when I was a minor and I hereby ratify them.	
I hereby confirm that the balance in my Savings Account as mentioned above with your Bank at the close of business as on  DDMMMYYYYY	
Based on the above confirmation, I request IDFC FIRST Bank to convert the status of the aforesaid Account to normal Savings Account.	
<b>Note:</b> Please fill in the new account opening form along with valid KYC documents for conversion of the account. Any modification as applied for herein shall be applicable to all the accounts under the given customer ID.	
I/We, the undersigned, have read, understood and agree to absolutely and unco Conditions displayed on website www.idfcfirstbank.com as revised from time to of my/our accounts, for present and future, maintained/opened/to be maintained.	time by IDFC FIRST Bank Limited, in relation to all
Name of Account Holder	Name of Guardian
FOR BANK USE ONLY	
Service Request No.	
Employee ID	
Name of the Branch Official	
Sourcing Branch Code	Signature of the Branch Official
The details match with the Bank's records  The applicant(s) signed in my presence and the signature(s) have been verified with the Bank records  The account is not Inactive/Dormant/Frozen/ in Debit balance	