

DEPOSIT ADVICE 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/We, request you to issue a Duplicate Deposit Advice for the below mentioned Deposits. Please note that the holding pattern of all deposits needs to be same.

Deposit Account Number

Deposit Account Number

Deposit Account Number

Deposit Account Number

Deposit Account Number

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.idfcfirstbank.com as revised from time to time by IDFC FIRST Bank Limited, in relation to all of my/our accounts, for present and future, maintained/opened/to be maintained/to be opened with IDFC FIRST Bank

Signature as per Account Rule

Signature

Name of First Account Holder/
Authorised Signatory

Signature

Name of Second Account Holder/
Authorised Signatory

Signature

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



**IDFC FIRST
Bank**



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