

Privilege Program Onboarding Form

Individual (Resident)

Date:

I/We hereby give consent to be onboarded onto the privilege banking program and acknowledge that this includes future upgrades & downgrades as decided by the bank. I/we understand that onboarding is dependent on internal bank approval. I/We hereby give consent to receive a program debit card and other value added services. I/We hereby give consent to allow the grouping of me and my family member's basis bank's discretion.

Note: By filling this form, I/We agree to all the Privilege Banking Program Terms & Conditions applicable on the IDFC FIRST Bank Website.

Account Holding Type	Customer Name	Customer Type (NTB/ETB)	Customer ID (If ETB)	Signature
Primary Holder				
2 nd Holder				
3 rd Holder				
4 th Holder				

FOR OFFICIAL USE ONLY

Program to be allocated: _____

☐ I have verified signatures for all ETB Customers

Employee Name: _____

Employee Code: _____

Employee Designation: _____

Branch Code: _____

Employee Signature: _____



Branch Stamp