

# ACCOUNT OPERATING INSTRUCTION FORM Individuals (Resident & Non Resident Indians)



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

\*Account Number

\*Customer Name

I/We request to kindly the change the Mode of Operation in my/our account as specified below

JOINTLY

EITHER OR SURVIVOR

For accounts jointly held between Non Resident Indians & Residents of India, the Mode of operation may only be "Former or Survivor".

## 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](http://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 Limited.

All Account Holders to sign

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-BB42/01-2019/0