

DELETION OF HOLDER FORM

Individuals (Resident & Non Resident Indians)



Please fill the form in Black Ink and in CAPITAL LETTERS.
All fields marked "*" are MANDATORY.

Date
D D M M Y Y Y Y

CUSTOMER DETAILS

Customer Type Resident Non-Resident

*Account Number

*Customer Name

CUSTOMER DETAILS

I/We hereby request you to delete the following account holder/s from my/our account

1) Name
Customer ID

2) Name
Customer ID

The new mode of operation of the above account after the deletion of name will be:

Singly Jointly Either or survivor Former or survivor

Others

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 the undersigned, have read, understood and agree to absolutely and unconditionally abide by 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 accounts, for present and future, maintained/opened/to be maintained to be opened with IDFC FIRST Bank Limited. Bank shall not honour cheques issued by the holder whose name is deleted. Any Debit Card to be surrendered.

All Account Holders to sign

<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature	Signature	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
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

*Checker confirmation by BM / DBM / BA / BOSM / ACSM

I confirm the following:

- Customer has signed in my presence

Name: _____

Emp. ID.: _____

Designation: _____

Signature of BM / DBM / BA / BOSM / ACSM

CB-BB/33/03-2018/0