

ACCOUNT UPGRADE FORM



Date
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• Please complete this form in Black Ink and in CAPITAL LETTERS or ☒ where applicable

DETAILS OF YOUR ACCOUNT

Name

Customer ID Account No.

UPGRADE/PRODUCT CHANGE INFORMATION

New Product

- 1 Savings Account ☐ ₹25,000 AMB* ☐ ₹10,000 AMB*
- 2 Senior Citizen Savings Account ☐ ₹25,000 AMB* ☐ ₹10,000 AMB*
- 3 IDFC FIRST Power Savings Account ☐ ₹25,000 AMB* ☐ ₹10,000 AMB*
- 4 Corporate Salary Account ☐ Platinum Debit Card ☐ Classic Debit Card
- 5 ☐ IDFC FIRST Bank Staff Account
- 6 ☐ Others _____

Debit Card:

Do you need a new Debit Card ☐ Yes ☐ No (This field shall be considered as 'No' in case nothing is selected)

If Yes, Name on Debit Card

Note: Type of debit card that will be issued on the new product code will be linked to the savings account offering. In case an existing debit card is already issued on the account and is not in line with type of card applicable as per product offering, existing debit card will be hotlisted and a new debit card (with domestic usage) will be issued.

EMPLOYER DETAILS

Employer Name

DECLARATION & SIGNATURE(S)

I/We hereby declare that we are not holding any BSBD account in any other bank.

I/We have read, understood and agree to the charges/costs, mentioned in the extant Schedule of Charges pertains to the banking facilities and products as well as the facilities and/or the other products which I wished to avail. This Schedule of Charges is also displayed on www.idfcfirstbank.com/soc.html.

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 opened with IDFC FIRST Bank Limited.

FIRST/ONLY HOLDER

Signature

Name

SECOND HOLDER (IF ANY)

Signature

Name

THIRD HOLDER (IF ANY)

Signature

Name

AMB* = Average Monthly Balance in ₹



**IDFC FIRST
Bank**

BANK USE SECTION

Service Request No. _____

Employee ID of customer _____
(Applicable in case new product code is staff account)

Product Change Information:

<input type="checkbox"/> 20001001	Savings Account 25k	<input type="checkbox"/> 20001114	Honour FIRST Signature
<input type="checkbox"/> 20001004	Senior Citizen Savings Account 25k	<input type="checkbox"/> 20001117	Honour FIRST Platinum
<input type="checkbox"/> 20001006	Corporate Salary Account with Platinum DC	<input type="checkbox"/> 20001123	Nation FIRST Platinum
<input type="checkbox"/> 20001041	Savings Account 10k	<input type="checkbox"/> 20001052	Future FIRST
<input type="checkbox"/> 20001042	Senior Citizen Savings Account 10k	<input type="checkbox"/> 20001110	IDFC FIRST Power - 25K
<input type="checkbox"/> 20001023	Corporate Salary Account with Classic DC	<input type="checkbox"/> 20001112	IDFC FIRST Power - 10K
<input type="checkbox"/> 20001005	Staff Savings Account	_____	_____ (If not available in the list)

Corporate Name _____

Corporate Code _____ Lead Converter _____
(Applicable for all new product codes except Deposit Routing Account)

Banker Certification: Required only if existing product needs In Person Verification(IPV)

☐ I have met the Customer at his: ☐ Residence ☐ Place of Work ☐ IDFC FIRST Bank Branch

I have seen and verified the original KYC documents. Copy/photo taken for record. The customer has Signed in my presence

Name _____

Date

Employee _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D	M	M	Y	Y

Signature