

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 Saving Products

- 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
 Platinum Plus Debit Card Classic Plus Debit Card
- 5 IDFC FIRST Bank Staff Account
- 6 Others _____

TELL US WHAT YOU DO FOR A LIVING (MANDATORY TO BE FILLED)

- 1) Occupation (Select Anyone)
 - 1a) Salaried (Select Anyone) Public Private Government
 Corporate Name
 - 1b) Self Employed Doctor CA Architect Lawyer Consultant Entertainment Professional Alternate Medical Practitioner Beautician Others
 - 1c) Self Employed Business Sole Proprietorship Partnership/Company
 No. of years in business <=5 yrs >5 yrs
 - 1d) Any other Occupation Homemaker Retired Farmer Politician Student Minor
- 2) Source of Income Salary Business Professional Fees Investments Agriculture Family Wealth
- 3) Gross Annual Income (INR)

Debit Card (applicable only for saving account products):

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.

I/We hereby give my/our consent to download my/our KYC Records from the Central KYC Registry (CKYCR), only for the purpose of verification of my/our identity and address from the database of CKYCR Registry. I/We understand that my/our KYC Record includes my/our KYC Records /Personal information such as my name, address, date of birth, PAN number etc.

| FIRST/ONLY HOLDER | SECOND HOLDER (IF ANY) | THIRD HOLDER (IF ANY) |
|-------------------|------------------------|-----------------------|
| | | |
| Signature | Signature | Signature |
| | | |
| Name | Name | Name |

AMB* = Average Monthly Balance in ₹

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"/> 20001117 | Honour FIRST Platinum |
| <input type="checkbox"/> 20001004 | Senior Citizen Savings Account 25k | <input type="checkbox"/> 20001123 | Nation FIRST Platinum |
| <input type="checkbox"/> 20001006 | Corporate Salary Account with Platinum DC | <input type="checkbox"/> 20001052 | Future FIRST |
| <input type="checkbox"/> 20001041 | Savings Account 10k | <input type="checkbox"/> 20001110 | IDFC FIRST Power - 25K |
| <input type="checkbox"/> 20001042 | Senior Citizen Savings Account 10k | <input type="checkbox"/> 20001112 | IDFC FIRST Power - 10K |
| <input type="checkbox"/> 20001023 | Corporate Salary Account with Classic DC | <input type="checkbox"/> 20001156 | Corporate Salary Classic Plus Salary Account |
| <input type="checkbox"/> 20001005 | Staff Savings Account | <input type="checkbox"/> 20001157 | Corporate Salary Platinum Plus Salary Account |
| <input type="checkbox"/> 20001114 | Honour FIRST Signature | _____ | _____ (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. Photocopy taken for record. The customer has signed in my presence.

Name _____ Date _____
Employee _____

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| D | D | M | M | Y | Y | Y | Y |

Signature