

ADDRESS UPDATE 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
*Customer ID *Account Number
*Customer Name

CURRENT ADDRESS CHANGE (ADDRESS FOR COMMUNICATION)

Officially Valid Document (OVD) Residence Work
 NREGA Aadhaar Passport Driving License Voter ID NPR
Line 1
Line 2
Line 3
Landmark(If any) City
State Country Pin Code

ADDRESS AS MENTIONED IN YOUR OFFICIALLY VALID DOCUMENT

NREGA Aadhaar Passport Driving License Voter ID NPR
Deemed OVD (Only for NRI customers)
 Utility bill Property or municipal Tax receipt Letter of allotment
 Letter issued by foreign embassy Other _____
Line 1
Line 2
 Landmark (If any)
City State Pin Code

For NRI accounts, at least one address needs to be an overseas address
Address proof required as per KYC requirement for any change in Communication address.

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 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.
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.

Customer Signature

FOR BANK USE ONLY

Branch Name
Service Request No.
Employee ID
Name of the Branch Official

Signature of the Branch Official

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

I confirm the following:
1. Customer has signed in my presence
2. I have checked the original OVD
Name: _____
Emp. ID.: _____
Designation: _____

Signature of BM / DBM / BA / BOSM / ACSM

CB-BB/02/09-2019/0