MINOR TO MAJOR UPDATE FORM



Please fill in Black Ink and in CAPITAL LETTERS All fields marked " * " are MANDATORY	
CUSTOMER DETAILS	
*Customer ID	*Account Number
*Customer Name	
I hold a minor Savings Account bearing Account Number as above under the guardianship of my father 🗌 / mother 🗌 /	
court appointed guardian 🗌 / self operated (tick whichever applicable)	
I attained majority on and would like to continue operating the aforesaid Account in my individual	
capacity without the presence of my guardian.	
I confirm that I am fully aware of all the transactions done in my account when I was a minor and I hereby ratify them.	
I hereby confirm that the balance in my Savings Account as mentioned above with your Bank at the close of business as on	
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Based on the above confirmation, I request IDFC FIRST Bank to convert the status	of the aforesaid Account to normal Savings Account.
Note: Please fill in the new account opening form along with valid KYC documents for conversion of the account.	
Any modification as applied for herein shall be applicable to all the accounts under the given customer ID.	
DECLARATION & SIGNATURE(S)	
displayed on website www.idfcfirstbank.com as revised from time to time by IDFC FIRS present and future, maintained/opened/to be maintained/to be opened with IDFC FIRST E I/We hereby give my/our consent to download my/our KYC Records from the Central KYG my/our identity and address from the database of CKYCR Registry. I/We understand th Personal information such as my name, address, date of birth, PAN number etc.	Bank Limited. C Registry (CKYCR), only for the purpose of verification of
Signature of Account Holder (Now Major)	Signature of Guardian
Name of Account Holder	Name of Guardian
FOR BANK USE ONLY	
Service Request No.	
Employee ID	
Name of the Branch Official	
Sourcing	Signature of the Branch Official
Branch Code	
The details match with the Bank's records	
The account is not Inactive/Dormant/Frozen/ in Debit balance	
*Checker confirmation by BM / DBM / BA / BOSM / ACSM	
I confirm the following:	
 Customer has signed in my presence I have checked the original OVD 	
Name:	
Emp. ID.:	
Designation:	Signature of BM / DBM / BA / BOSM / ACSM

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