

NAME & SIGNATURE CHANGE FORM

Individuals (Resident & Non Resident Indians)



Please fill 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
 *Customer ID
 *Customer Name

NAME CHANGE DETAILS

I request you to update the name on my account. Necessary documents supporting the change in my name are enclosed for your records
 New Name of Applicant
 (to appear in Bank's records)

SIGNATURE CHANGE DETAILS

Old Specimen Signature of Applicant (as per Bank Record)	New Specimen Signature of Applicant

I confirm that

- All cheques issued by me with the old name have been paid.
 - All Post Dated Cheques/ECS mandate issued with the old name shall be cancelled by me and re-issued with the new name.
 - Cheques drawn with the old name, if presented in future, will be returned by the Bank.
 - All cheques collected and paid in future by the Bank in this account will be drawn in the same name as given in this request form.
 - The Name Change will be done at Customer ID level and will be applicable to all linked accounts.
- I 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 accounts, for present and future, maintained /opened /to be maintained /to be opened with IDFC FIRST Bank Limited.

Customer Signature

FOR BANK USE ONLY

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

Signature of the Branch Official

- Holder has affixed the signature in my presence.
- Signature of the account holder is/are verified with specimen signature available in the records of the Bank.
- In person verification carried out.