## **CUSTOMER REQUEST FORM**



																	For Bi	anch	Use (	Only	(Encir	cle req	ueste	d SR/s
											1	2	3	3	4	5	6	7		8	9	10	11	1
То														_		_	_							
	Branch													Da	te of	Reques	t:							_
Account I	Number:																							
Primary Holder Customer ID								Pri	nary	Hold	ler N	ame :												
	lolder Customer ID								1 <sup>st</sup> Joint Holder Name :															
	Holder Customer ID Holder Customer ID									2 <sup>nd</sup> Joint Holder Name :														
5 JUILLE	tolder Custoffier ID										3	JOIII	. noiu	iei iv	aiiie .									
1.	Contact details upd	lation	1			1	ı	_			-		_									1	1	
	New									Existing														
	SMS alerts: Y/N																							
	Residential number	(with S	TD code	):																				
	Office number (with STD code):																							
	•			1 1	<u> </u>			<u> </u>				<u> </u>		<u> </u>		1	1 1			1				
	Email ID (in BLOCK I	etters):																						
2.	Updation of DOB –	Kindly u	ıpdate n	ny DO	B as pe	er foll	owing	docui	ment	t														
	Document subn	nitted	D	D/MN	//YYY	γ	1				Ī		Docu	ımen	t suh	mitted		Г	D/N	10/1/\	/VVV			
	PAN card	meecu		<i>D</i> ,	.,	•							ter ID		t sub	iiiitteu			/U/ IV	1141/ 1				
	Aadhaar card*										-	NR	EGA (	Card										
	Passport											Nat	tional	Pop	ulatio	n Regis	ter							
	Driving License																							
	Landmark: City: Address as per Officially Valid Document:(0																	Pin code						
	Landmark:			City:					State							 /:				Pin co	nde			
	Please provide a co Valid Passport ID Reference Numb	t with A	ddress	A	adhaa	r card											tional	Popul	atior	n Reg	ister	NF	REGA	
4.	Stop Payment Request  I/We hereby request and authorize you to kindly mark a Stop Payment for the following cheque/cheques issued by me/our authorized signatory:  Specific cheque:																							
	Cheque No.			Ch	neque	No.						Che	eque	No.										
	Cheque Date			_	neque								eque											
	Cheque Amount			_	neque		nt						eque .		unt									
	Issued to			ISS	sued to	)							ued to	)										
	Cheque Series:	1			1		Rea	ason fo	or St	op P	ayme	nt:												
	From To				Lost ins				inst	strument / Cheque book														
	Cheque Date		<del>                                     </del>					Others																
	Cheque Amount							Oth	ers _															
	Issued To																							
	Note: The cheque will															•	of IDF	C FIRS	T Ban	ık Lin	nited, a	igainst 1	the ap	plicabl
5.	laws/regulations or which may lead to any adverse liability on IDFC FIRST Bank Limited in any manner whatsoever.  Branch Change																							
Э.	•	I/We request you to transfer my/our Account to the Branch as mentioned hereunder																						
	Current Branch:New Branch:New Branch Code:																							
	Reason for transfer:	:																						_
6.	Signature change /	update																						
	Old specimen Signa	ture of	Applicar	nt (as p	per Ba	nk Red	cord)		$-\Gamma$	Nev	v Spec	ime	n Sign	natur	e of A	pplican	t							
									1															

I hereby state, confirm, declare and undertake that

- > All cheque issued by me with the old signature have been paid
- All Post Dated Cheques / ECS mandate issued with old signature shall be cancelled by me and re-issued with new signature



7.	Name change												
Г	I request you to update the nam	· · · · · · · · · · · · · · · · · · ·	ry documents supporting the c	hange in my name are enclo	osed for your records								
L	New Name of Applicant (to app												
	<ul> <li>All Post Dated Cheques,</li> <li>Cheques drawn with the</li> <li>All cheques collected ar</li> </ul>	e old name, if presented in futu nd paid in future by the Bank in	n paid. old name shall be cancelled by me : ure, will be returned by the Bank. I this account will be drawn in the s nd will be applicable to all linked ac	ame name as given in this reque									
8.	Account operating instructions												
	I/We request to kindly the change the Mode of Operation in my/our account as specified below  Jointly Either or Survivor Any or Survivor Former or Survivor												
9.	Dormant account activation - Applicable for Individuals  I /We hereby request you to activate my/our account, basis POI & POA from the following documents (tick as per document provided)  PAN Aadhaar* Driving License Voter ID Passport  ID Reference Number: & &												
10.	Issuance of Pass book:	,											
11.		nt required from Date	to Date										
12.													
	Number of Leaves per Chequebook: 25 50 100												
	Declaration  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 <a href="www.idfcfirstbank.com">www.idfcfirstbank.com</a> as revised from time to 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 declare that the particulars given herein are correct and complete. If any debit transaction is delayed or not processed for reasons of incomplete or incorrect information, I/We shall not hold your bank respon I/We authorize you to debit my/our account towards such charges as may be determined by you for the service. I/We further agree and confirm to unconditionally indemnify and keep indemnified IDFC FIRST Bank Limited from any actions, claims, demands or liability by/towards any third party which may arise on account of IDFC FIRST Bank Limited acting pursuant to the instructions hereunder.  I/We , further agree and confirm to indemnified IDFC FIRST Bank Limited from any claims, actions, demands etc. by any third party arising on account of IDFC FIRST Bank Limited acting pursuant to the instructions hereinabove and I/We shall be solely liable and responsible for any liability, in manner whatsoever, which may arise in respect thereof.												
	*Aadhar declaration  I/we hereby state & undertake as under:  1. That I/We hereby state & undertake as under:  1. That I/We hereby state & undertake as under:  1. That I/We hereby state & undertake as under:  1. That I/We hereby state & undertake as under:  1. That I/We hereby state & undertake as under:  1. That I/We here by submit voluntarily at my/our dentity / address proof.  2. That I/We have no objection for authenticating myself /ourselves with Aadhaar based Authentication system and voluntarily give my/our consent to:  3. Use my/our Aadhaar details to authenticate myself/ourselves from UIDAI  4. Link the Aadhaar number to all my/our existing / new accounts and customer ID with your bank												
	Customer Signatures / Thumb I	mprint											
	Primary Holder												
	2 <sup>nd</sup> Joint Holder		3 <sup>rd</sup> Joint Holder		<del></del>								
ſ	Witness (for thumb imprint)	Witness 1 Name	Witness 1 Signature	Witness 2 Name	Witness 2 Signature								
•	Primary Holder												
ŀ	1 <sup>st</sup> Joint Holder												
•	2 <sup>nd</sup> Joint Holder												
	3 <sup>rd</sup> Joint Holder												
			FOR BANK USE ONLY										
	Service Request number:												
	Name of the Branch Official:												
			Sourcing Branch Code.										
	The customer has signed in my presence												
	=	I thumb imprint in my pres											
	= 1	·	specimen signature available i	n the records of the bank									
	In person verification car	ried out											
	Signature of the Branch Official												
	Signature of the Branch Official	<del></del>											