BALANCE CONFIRMATION FORM

Branch Official

Branch Code

Sourcing



Please fill in Black Ink and in CAPITAL LETT All fields marked " * " are MANDATORY		Date DD MM YYYY
Customer ID Customer Name	*Acco	ount Number
/We hereby request you to kindly provide m	ne Balance Confirmation Certificate for ab	pove captioned account as on:
	DECLARATION & SIGNATURE(S	
	od and agree to absolutely and uncondition on the condition on the condition of the conditi	onally abide by and be bound by the Terms and IDFC Bank Limited, in relation to all of my/our
Signature	Signature	Signature
Name of First Account Holder/ Authorised Signatory	Name of Second Account Holder/ Authorised Signatory	Name of Third Account Holder/ Authorised Signatory

CB-BB/19/10-2015/0

Signature of the Branch Official