

# DELETION OF HOLDER FORM



Please fill in Black Ink and in CAPITAL LETTERS  
All fields marked "\*" are MANDATORY

Date        
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## CUSTOMER DETAILS

\*Account Number

\*Customer Name

## DELETION DETAILS

I/We hereby request you to delete the following account holder/s from my/our account

1) Name

Customer ID

2) Name

Customer ID

The new mode of operation of the above account after the deletion of name will be:

Singly  Jointly  Either or survivor  Anyone of survivor  Former or survivor

Others

## 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.idfcbank.com](http://www.idfcbank.com) as revised from time to time by IDFC Bank Limited, in relation to all of my/our accounts, for present and future, maintained/opened/to be maintained/to be opened with IDFC Bank Limited.

Bank shall not honour cheques issued by the holder whose name is deleted. Any Debit Card to be surrendered.

All Account Holders to sign

Signature

Name of First Account Holder/  
Authorised Signatory

Signature

Name of Second Account Holder/  
Authorised Signatory

Signature

Name of Third Account Holder/  
Authorised Signatory

## FOR BANK USE ONLY

Service Request No.

Employee ID

Name of the Branch Official

Sourcing Branch Code

Signature of the Branch Official