

# DUPLICATE TDS CERTIFICATE REQUEST FORM



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 ID

\*Customer Name

Kindly issue me a duplicate TDS Certificate in Form 16A for the following period:

Financial Year     to

- Quarter
- Full (You will get one for each quarter)
  - Q1 (Apr-Jun)
  - Q2 (Jul-Sep)
  - Q3 (Oct-Dec)
  - Q4 (Jan-Mar)

## 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.

Signature as per Account Rule

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