

ACCOUNT OPERATING INSTRUCTION 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

*Account Number

*Customer Name

I/We request to kindly the change the Mode of Operation in my/our account as specified below

- JOINTLY
 EITHER OR SURVIVOR
 FORMER OR SURVIVOR

For accounts jointly held between Non Resident Indians & Residents of India, the Mode of operation may only be "Former or Survivor".

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 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.

All Account Holders to sign

| | | |
|---|--|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Signature | Signature | Signature |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Name of First Account Holder/ Authorised Signatory | Name of Second Account Holder/ Authorised Signatory | 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

CB-BB/A2/03-2018/0