

BRANCH CHANGE FORM



Please fill in Black Ink and in CAPITAL LETTERS
All fields marked “ * ” are MANDATORY

Date
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CUSTOMER DETAILS

Customer Type Resident Non-Resident

*Account Number

*Customer Name

I/We request you to transfer my/our Account.

Current Branch

New Branch

New Branch Code*

Reason for Transfer

*Only for Bank use.

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.

Signature as per Account Rule

<div style="border: 1px solid black; height: 70px;"></div>	<div style="border: 1px solid black; height: 70px;"></div>	<div style="border: 1px solid black; height: 70px;"></div>
Signature	Signature	Signature
<div style="border: 1px solid black; width: 250px; height: 20px;"></div>	<div style="border: 1px solid black; width: 250px; height: 20px;"></div>	<div style="border: 1px solid black; width: 250px; height: 20px;"></div>
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/25/11-2017/0