

ACCOUNT OPERATING INSTRUCTION FORM

Individual



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

*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
- ANYONE OR SURVIVOR
- 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

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