

NAME & SIGNATURE CHANGE 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

*Customer ID

*Customer Name

NAME CHANGE DETAILS

I request you make Name change in my account. The necessary documents for proof of name change is enclosed for the Bank Records.

New Name of Applicant
(to appear in Bank's records)

SIGNATURE CHANGE DETAILS

Old Specimen Signature of Applicant (as per Bank Record)	New Specimen Signature of Applicant

DECLARATION & SIGNATURE

I confirm that

- All cheques issued by me with the old name have been paid.
- All Post Dated Cheques/ECS mandate issued with the old name shall be cancelled by me and re-issued with the new name.
- Cheques drawn with the old name, if presented in future, will be returned by the Bank.
- All cheques collected and paid in future by the Bank in this account will be drawn in the same name as given in this request form.
- The Name Change will be done at Customer ID level and will be applicable to all linked accounts.

I 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 accounts, for present and future, maintained / opened / to be maintained / to be opened with IDFC Bank Limited.

Customer Signature

FOR BANK USE ONLY

Service Request No.

Employee ID

Name of the Branch Official

Sourcing Branch Code

Signature of the Branch Official

- Holder(s) has affixed the signature(s) in my presence.
- Signature of the account holder(s) is/are verified with specimen signature available in the records of the Bank.
- In person verification carried out.
- PAN card verified with original and also matched with PAN captured in back office system.