ACCOUNT OPERATING INSTRUCTION FORM Individuals (Resident & Non Resident Indians)



Please fill in Black Inl All fields marked " * '	k and in CAPITAL LETTI " are MANDATORY	ERS	Date D D M M Y Y Y Y
		CUSTOMER DETAILS	
Customer Type [Resident No	on-Resident	
*Account Number [
*Customer Name [
I/Ma request to king	Ny tha chango the Made	e of Operation in my/our account as speci	fied helow
JOINTLY	my the change the Mode	e of Operation in my/our account as speci	ned below
EITHER OR SUR	VVIVOR		
ANYONE OR SU			
FORMER OR SU			
and Conditions disploall of my/our acc o all of my/our acc imited. All Account Holders	ayed on website www.icounts, for present and	dfcfirstbank.com as revised from time to ti future, maintained/opened/to be mainta	onally abide by and be bound by the Terms me by IDFC FIRST Bank Limited, in relation ined/to be opened with IDFC FIRST Bank
Signature		Signature	Signature
Name of First Account Holder/ Authorised Signatory			
	,	Name of Second Account Holder/ Authorised Signatory	Name of Third Account Holder/ Authorised Signatory
	,	•	
Authorised	d Signatory	Authorised Signatory	
Authorised	d Signatory	Authorised Signatory	
	d Signatory	Authorised Signatory	