

CONTACT UPDATE 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

*Customer ID

*Customer Name

Please update my Contact Number(s) on your records.

MOBILE NUMBER New Existing

Note: This form to be supported by a self attested copy of ID proof signed by the customer.

DECLARATION & SIGNATURE

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.idfcfirstbank.com as revised from time to time by IDFC FIRST Bank Limited, in relation to all of my accounts, for present and future, maintained/opened/to be maintained/to be opened with IDFC FIRST Bank Limited.

I/We hereby give my/our consent to download my/our KYC Records from the Central KYC Registry (CKYCR), only for the purpose of verification of my/our identity and address from the database of CKYCR Registry. I/We understand that my/our KYC Record includes my/our KYC Records /Personal information such as my name, address, date of birth, PAN number etc.

Customer Signature

FOR BANK USE ONLY

Service Request No.

Employee ID

Name of the Branch Official

Sourcing Branch Code

Signature of the Branch Official

***Checker confirmation by BM / DBM / BA / BOSM / ACSM**

I confirm the following:

1. Customer has signed in my presence
2. I have checked the original OVD

Name: _____

Emp. ID.: _____

Designation: _____

Signature of BM / DBM / BA / BOSM / ACSM

CB-BB/22/01-2019/0