ACCOUNT UPGRADE FORM

IDFC FIRST Bank

Date ☐☐ ☐☐ ☐☐☐☐
D D M M Y Y Y Y

• Please complete this form in Black Ink and in CAPITAL LETTERS or ✓ where applicable

DETAILS OF YOUR ACCOUNT

Name

Customer ID Account No.

UPGRADE/PRODUCT CHANGE INFORMATION

A. New Saving Products

1 Savings Account ☐ ₹25,000 AMB* ☐ ₹10,000 AMB*

2 Senior Citizen Savings Account ☐ ₹25,000 AMB* ☐ ₹10,000 AMB*

3 IDFC FIRST Power Savings Account ☐ ₹25,000 AMB* ☐ ₹10,000 AMB*

4 Corporate Salary Account ☐ Platinum ☐ Classic
☐ Platinum Plus ☐ Classic Plus

5 ☐ IDFC FIRST Bank Staff Account

6 ☐ Others ______________________________

B. New Fixed Deposit Product

1 ☐ Fixed Deposit (applicable only if existing product is online FD)

TELL US WHAT YOU DO FOR A LIVING (MANDATORY TO BE FILLED)

1) Occupation (Select Anyone)

1a) Salaried (Select Anyone) ☐ Public ☐ Private ☐ Government

Corporate Name

1b) Self Employed Professional ☐ Doctor ☐ CA ☐ Architect ☐ Lawyer ☐ Consultant ☐ Entertainment
☐ Alternate Medical Practitioner ☐ Beautician ☐ Others

1c) Self Employed Business ☐ Sole Proprietorship ☐ Partnership/Company

No. of yearsin business ☐ <=5 yrs ☐ >5 yrs

1d) Any other Occupation ☐ Homemaker ☐ Retired ☐ Farmer ☐ Politician ☐ Student ☐ Minor

2) Source of Income ☐ Salary ☐ Business ☐ Professional Fees ☐ Investments ☐ Agriculture
☐ Family Wealth

3) Gross Annual Income (INR)

Debit Card (applicable only for saving account products):

Do you need a new Debit Card ☐ Yes ☐ No (This field shall be considered as 'No' in case nothing is selected)

If Yes, Name on Debit Card

Note: Type of debit card that will be issued on the new product code will be linked to the savings account offering. In case an existing debit card is already issued on the account and is not in line with type of card applicable as per product offering, existing debit card will be hotlisted and a new debit card (with domestic usage) will be issued.

EMPLOYER DETAILS

Employer Name

CB/09/03/2020

DECLARATION & SIGNATURE(S)

I/We hereby declare that we are not holding any BSBD account in any other bank.
I/We have read, understood and agree to the charges/costs, mentioned in the extant Schedule of Charges pertains to the banking facilities and products as well as the facilities and/or the other products which I wished to avail. This Schedule of Charges is also displayed on www.idfcfirstbank.com/soc.html.
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.idfcfirstbank.com as revised from time to time by IDFC FIRST Bank Limited, in relation to all of my/our accounts, for present and future, maintained/opened/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.

FIRST/ONLY HOLDER	SECOND HOLDER (IF ANY)	THIRD HOLDER (IF ANY)
Signature	Signature	Signature
Name	Name	Name

AMB* = Average Monthly Balance in ₹

BANK USE SECTION

Service Request No. _____

Employee ID of customer _____
(Applicable in case new product code is staff account)

Product Change Information:

☐ 20001001	Savings Account 25k	☐ 20001117	Honour FIRST Platinum
☐ 20001004	Senior Citizen Savings Account 25k	☐ 20001123	Nation FIRST Platinum
☐ 20001006	Corporate Salary Account with Platinum DC	☐ 20001052	Future FIRST
☐ 20001041	Savings Account 10k	☐ 20001110	IDFC FIRST Power - 25K
☐ 20001042	Senior Citizen Savings Account 10k	☐ 20001112	IDFC FIRST Power - 10K
☐ 20001023	Corporate Salary Account with Classic DC	☐ 20001156	Corporate Salary Classic Plus Salary Account
☐ 20001005	Staff Savings Account	☐ 20001157	Corporate Salary Platinum Plus Salary Account
☐ 20001114	Honour FIRST Signature	_____	_____(If not available in the list)

Note: Existing online FD product (limited KYC) will be converted to corresponding full KYC FD

Corporate Name _____

Corporate Code _____ Lead Converter _____
(Applicable for all new product codes except Deposit Routing Account)

Banker Certification: Required only if existing product needs In Person Verification(IPV)

☐ I have met the Customer at his: ☐ Residence ☐ Place of Work ☐ IDFC FIRST Bank Branch

I have seen and verified the original KYC documents. Photocopy taken for record. The customer has signed in my presence.

Name _____

Employee _____

Date ☐☐ ☐☐ ☐☐☐☐
D D M M Y Y Y Y

Signature