

Signature of DBM / BM

CREDIT CARD CONTACT DETAILS FORM

ALWAYS YOU FIRST Please fill in Black Ink and in CAPITAL LETTERS Date All fields marked " * " are MANDATORY D D M M **CUSTOMER DETAILS Customer Name** * Customer Credit Card Number Registered Mobile Number OR Customer ID ADDRESS CHANGE (ADDRESS FOR MAILING) Please fill this section only if your address has changed. **KYC** Home Work Officially Valid Document (OVD) **NREGA** Aadhaar **Passport Driving License** Voter ID **NPR** OR Deemed OVD (Only Applicable for NRI) Property or Municipal Tax Receipt Letter issued by Foreign Embassy Letter of Allotment Line 1 Line 2 Line 3 Landmark City State Country PINCODE Landline Number (if any) (+91) PLEASE UPDATE MY CONTACT DETAILS ON YOUR RECORDS Please fill this section only if your contact details have changed. Mobile Number **Email Address DECLARATION & SIGNATURE** I the undersigned, have read, understood and agree to absolutely and unconditionally abide and bound by the Most Important Terms and Conditions and Card Member Agreement displayed on website HYPERLINK "http://www.idfcfirstbank.com" www.idfcfirstbank.com as revised from time to time by IDFC FIRST Bank Limited, in relation to all of my credit card, for present and future, maintained/opened/ to be maintained/ to be opened with IDFC FIRST Bank Limited. In case of submission of deemed OVD as address proof by me, I shall submit OVD with current address within a period of three months of submitting the documents specified above. Customer Signature FOR BANK USE ONLY Service Request No. Employee ID Name of the Branch Official Sourcing Branch Code The customer signed in my presence. Signature of the Branch Official If the customer has requested a change in contact details: Name of DBM/BM Employee ID of DBM Designation (i.e. DBM/BM)