

Account details addition/modification/deletion request form

 Zerodha Broking Limited
 Zerodha Commodities Private Limited

| | |
|--------------------|-------|
| Application number | Dated |
| | |

Please fill all details in BLOCK LETTERS in English

| | | | | | |
|--------------|--|--------------|--|--------------------------|--|
| DP ID | | BO ID | | Client (Login) ID | |
|--------------|--|--------------|--|--------------------------|--|

Account holder details

| | First/sole holder | Second holder | Third holder |
|---------------|-------------------|---------------|--------------|
| Name | | | |
| Mother's name | | | |
| PAN | | | |

 I/We request to carry out the change of address/signature in the demat account.

 I/We request to carry out the change of address/signature in the KRA and demat account.

I/We request you to make the following additions/modifications/deletions to my/our account in your records.

| Details: Please specify 'Change of address', 'Change of bank details', 'Change of telephone number', etc. | Type of change: Please specify if addition/modification/deletion | Existing details | New details |
|---|--|------------------|-------------|
| | | | |

Attach an annexure (with signature(s)) if the space above is found insufficient.

First/Sole Holder
or Guardian
(in case of Minor)

Second Holder

Third Holder

FOR OFFICE USE ONLY

In Person Verification (IPV) details:

Name of the Person who has done the IPV: _____

Designation: _____ Employee ID: _____

Name of the Organization: ZERODHA BROKING LTD.

Date of the IPV:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Signature of the Person who has done the IPV

Seal/Stamp of the Intermediary

Acknowledgement

| | | | | | | | | | | | | |
|--|--------------------------|----------------------|---------------------|-----------------|---|---|---|---|---|---|---|---|
| We have received the account modification/addition/deletion request for the account with details below on <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center; width: 100px;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table> | | | | | D | D | M | M | Y | Y | Y | Y |
| D | D | M | M | Y | Y | Y | Y | | | | | |
| DP ID | | Client ID | | Application no. | | | | | | | | |
| | First/sole holder | Second holder | Third holder | | | | | | | | | |
| Account holder's name | | | | | | | | | | | | |
| Modification request for | | | | | | | | | | | | |
| Seal & signature of authorised signatory | | | | | | | | | | | | |

Know Your Client (KYC) Application Form - for Individuals

Please fill this form in English and BLOCK Letters

(Please tick the box on the left margin of the appropriate row where CHANGE/CORRECTION is required and provide the details in the corresponding window)

| | | | |
|--|---------------------------------|--|---------------------------------|
| For office use only (To be filled by the financial institution) | | | |
| Application Type* | <input type="checkbox"/> New | <input type="checkbox"/> Update | KYC Number <input type="text"/> |
| Account Type* | <input type="checkbox"/> Normal | <input type="checkbox"/> Simplified (for low risk customers) | <input type="checkbox"/> Small |

A. Identity details

| | | |
|--------------------------|----------------------------|----------------------|
| <input type="checkbox"/> | 1. Name (Same as ID Proof) | <input type="text"/> |
| | 1a. Maiden Name (If any) | <input type="text"/> |
| <input type="checkbox"/> | 2. Father's/Spouse's Name | <input type="text"/> |
| | 2a. Mother's Name | <input type="text"/> |

Photograph
Please affix your recent passport size photograph and sign across it

F1

3a. Gender Male Female Transgender 3b. Marital Status Single Married Other 3c. DOB

4a. Citizenship Indian Other _____ (ISO 3166 Country Code)

4b. Residential Status Resident Individual Non Resident Indian Person of Indian Origin Foreign National

| | |
|--|--|
| Tick if applicable <input type="checkbox"/> Residence for tax purposes in jurisdiction(s) outside India | |
| ISO 3166 Country Code of Jurisdiction of residence <input type="text"/> | Place of birth <input type="text"/> |
| Tax Identification Number or Equivalent <input type="text"/> | ISO3166 Country Code of Birth <input type="text"/> |

5a. PAN

5b. Unique Identification Number (UID) / AADHAR

6. Proof of Identity Submitted Pan Card Other (Please Specify) _____

B. Address details

1. Contact Details

| | |
|-----------------------|-----------|
| Telephone (Office) | Mobile No |
| Telephone (Residence) | Email ID |

2. Residence/Correspondence Address Address Type: Residential Business Unspecified

| | | | |
|---|------------------|----------|--|
| Address | | | |
| | | | |
| City/Town | District | Pin Code | |
| State/U.T Code | Country/ISO Code | | |
| Specify the Proof of Address Submitted for Residence / Correspondence Address | | | |

C. DECLARATION

I/We declare that the details furnished above are true and correct to the best of my knowledge and undertake all liabilities w.r.t any incorrect information, I also confirm to inform Zerodha w.r.t any changes in the future. I/We are also aware that for Aadhaar OVD based KYC, my KYC shall be validated against my Aadhaar. I/We hereby consent to sharing my/our masked Aadhaar with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I/We or Zerodha have a business relationship for KYC purposes only. I/We hereby consent to receiving information from CVL KRA & C-KYC Registry through SMS/Email on the above registered number/Email ID.

F2 Client Signature

Date :

FOR OFFICE USE ONLY

In Person Verification (IPV) Details:

Name of the Person who has done the IPV: _____

Designation: _____ Employee ID: _____

Name of the Organization: ZERODHA BROKING LTD.

Date of the IPV: Signature of the Person who has done the IPV

Seal/Stamp of the Intermediary

Originals Verified and Self-Attested Document Copies Received

_____ Date

_____ Signature of the Authorized Signatory

3. Permanent Address

| | | | | | | | | | | |
|----------------|--|--|------------------|--|--|----------|--|--|--|--|
| Address | | | | | | | | | | |
| | | | | | | | | | | |
| City/Town | | | District | | | Pin Code | | | | |
| State/U.T Code | | | Country/ISO Code | | | | | | | |

4. Address in the jurisdiction details where applicant is resident outside India for tax purpose (if applicable)

| | | | | | | | | | | |
|----------------|--|--|------------------|--|--|----------|--|--|--|--|
| Address | | | | | | | | | | |
| | | | | | | | | | | |
| City/Town | | | District | | | Pin Code | | | | |
| State/U.T Code | | | Country/ISO Code | | | | | | | |

D. Details of related person (In case of additional related persons, please fill below details)

Addition of Related Person Deletion of Related Person

KYC Number of Related Person (if available)

Related Person Type Guardian of Minor Assignee Authorized Representative

| | | | | | | | | | |
|------|--|--|--|--|--|--|--|--|--|
| Name | | | | | | | | | |
|------|--|--|--|--|--|--|--|--|--|

(If KYC number & name are provided, below details are optional)

Proof Of Identity Of Related Person

| | | | | | | | | | |
|--------------------------|--|--|--|--|--------|--|--|--|--|
| Identity Proof Submitted | | | | | Number | | | | |
| | | | | | | | | | |

Expiry Date :

| | | | | | | | | | |
|---|--|--|--|--|-------------------|--|--|--|--|
| Others (any document notified by the Central Govt.) | | | | | Identification No | | | | |
| | | | | | | | | | |
| Simplified Measures Account-Document Type Code | | | | | Identification No | | | | |
| | | | | | | | | | |