

**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

<b>DP ID</b>		<b>BO ID</b>		<b>Client (Login) ID</b>	
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**Account holder details**

	First/sole holder	Second holder	Third holder
Name			
Mother's name			
Aadhaar			
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)
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 Second Holder
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 Third Holder
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**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
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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;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>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.										
	<b>First/sole holder</b>	<b>Second holder</b>	<b>Third holder</b>									
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)

<b>For office use only</b> (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)	
	1a. Maiden Name (If any)	
<input type="checkbox"/>	2. Father's/Spouse's Name	
	2a. Mother's Name	

**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**  Residence for tax purposes in jurisdiction(s) outside India

ISO 3166 Country Code of Jurisdiction of residence  Place of birth \_\_\_\_\_

Tax Identification Number or Equivalent  ISO3166 Country Code of Birth

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)	<input type="text"/>	Mobile No	<input type="text"/>
Telephone (Residence)	<input type="text"/>	Email ID	<input type="text"/>

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

Address			
City/Town	District	Pin Code	<input type="text"/>
State/U.T Code	Country/ISO Code	<input type="text"/>	<input type="text"/>
Specify the Proof of Address Submitted for Residence / Correspondence Address			

## C. DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I hereby consent to receiving information from Central KYC Registry through SMS/email on the above registered number/email address.

Date :

F2 Client Signature

## 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

Sign wherever you see

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									
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(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				