

KNOW YOUR CLIENT (KYC) Application Form - For Non Individuals

☐ NEW ☐ CHANGE REQUEST (Please tick ✓ the appropriate)

Acknowledgement No. _____



Please fill this form in **ENGLISH** and in **BLOCK LETTERS**

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

A IDENTITY DETAILS

☐	1. Name of the Applicant																											
☐	2a. Date of incorporation	D	D	/	M	M	/	Y	Y	Y	Y	2b. Place of incorporation																
☐	3. Date of commencement of business	D	D	/	M	M	/	Y	Y	Y	Y																	
☐	4a. PAN																											
☐	4b. Registration No. (e.g. CIN)																											
☐	5. Status (Please tick ✓ the appropriate)																											
	☐ Private Limited Co.	☐ Public Ltd. Co.	☐ Body Corporate	☐ Partnership	☐ Trust																							
	☐ Charities	☐ NGO's	☐ FI	☐ FII	☐ HUF																							
	☐ AOP	☐ Bank	☐ Government Body	☐ Non-Government Organization	☐ Defense Establishment																							
	☐ BOI	☐ Society	☐ LLP	☐ FPI - Category I	☐ FPI - Category II																							
	☐ FPI - Category III	☐ Others (Please specify)																										

B ADDRESS DETAILS

☐	1. Address for Correspondence																								
	City / Town / Village																	Pin Code							
	State											Country													
☐	2. Specify the Proof of Address submitted for Correspondence Address:																								
☐	3. Contact Details																								
	Tel. (Off.)													Fax											
	Tel. (Res.)													Mobile No											
	E-Mail Id.																								
☐	4. Registered Address (If different from above)																								
	City / Town / Village																	Pin Code							
	State											Country													

C OTHER DETAILS (If space is insufficient, enclose these details separately [Illustrative format enclosed])

☐	1. Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:																								
☐	2a. DIN of whole time directors :																								
	2b. Aadhar number of Promoters/Partners/Karta :																								

D DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we 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/ we are aware that I/we may be held liable for it.

Date: D D / M M / Y Y Y Y Y Y



Name & Signature of the Authorised Signatory

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 IPV: D D / M M / Y Y Y Y Y Y

Signature of the person who has done the IPV

Seal/Stamp of the Intermediary

☐ Originals Verified and Self Attested Document copies received

Date

Name and Signature of the Authorised Signatory

1. Name 2. Relationship with Applicant <i>(i.e. promoters, whole time directors etc.)</i> 3a. PAN 3b. DIN 3c. Aadhar (UID) Number 4. Residential/ Registered Address City / Town / Village Country Pin Code State 	PHOTOGRAPH Please affix your recent passport size photograph and sign across it
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Name & Signature of the Authorised Signatory (ies)

Date: / /