

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* ☐ New ☐ Update KYC Number
 Account Type* ☐ Normal ☐ Simplified (for low risk customers) ☐ 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)		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 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

☐ 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 PersonKYC 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					

Trading account related details**A. Bank account details**Account Type: Savings ☐ Current ☐ Others ☐ | In case of NRI Account: NRE ☐ NRO ☐

Bank Name									
Branch Address									
Account Number									
MICR Number									
IFSC Code									

B. Other details

Gross Annual Income Details (please specify): Income Range per annum

Below Rs 1 Lakh ☐ 1-5 Lakh ☐ 5-10 Lakh ☐ 10-25 Lakh ☐ 25 Lacs to 1 Cr ☐ >1Cr ☐

Or Net-worth as on _____ date _____ (Net worth should not be older than 1year)

OccupationPrivate Sector ☐ Public Sector ☐ Government Service ☐ Business ☐ Professional ☐ Agriculturist ☐ Retired ☐Housewife ☐ Student ☐ Self Employed ☐ Others (please specify) _____Mode in which you wish to receive the RDD, Rights & Obligations, and Guidance Note: Physical ☐ Electronic ☐Please tick, if applicable: Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐

In what capacity do you trade commodities?

Farmer/Farmer Producer Organisation ☐ Value Chain Participant ☐ Others ☐