

	ACC	ount details addi	ition/modificatioi	n/aeietion reques	st torm							
Zerodha Brok	king Limited	Application number Da										
☐ Zerodha Com	modities Private Li		Duite									
_ zerodna dom	miodities i rivate Li	miteu										
Please fill all detail	s in BLOCK LETTER	S in Enalish										
DP ID	BO II		Client	(Login) ID								
Account holder de	ataile			(3/								
Account notaer at	First/sole	holdor	Conn	nd holder	Third holder							
Name	VARUN M	noidei	Secon	ia noiver	Inira no	laer						
Mother's name	VII VII											
PAN	ABCDE1234	ıF										
☑ //We request t	to carry out the char to carry out the char	nge of address/sig	gnature in the KR	A and demat acco								
		wing additions/m	iodifications/dele	etions to my/our	account in your records	S.						
Details: Please s address', 'Chang 'Change of telepi	specify 'Change of ge of bank details', hone number', etc.	Type of change if addition/modi	: Please specify ification/deletion	Existing de	etails New	New details						
NAME CO	RRECTION	MODIF.	NOITA)1	VARUN N	1 VARUN	VARUN						
					MA	H23H						
Attach an annexu	ure (with signature(s	s)) if the space ab	ove is found insu	ifficient.								
Pa												
7, 71, 10, 72, 10, 11,	le Holder											
	ardian of Minor)	1	S Second F	folder	<b></b> ✓T	Third Holder						
OR OFFICE USE ONL												
n Person Verification (												
Name of the Person wh	no has done the IPV:											
Designation:			oyee ID:		-							
vame of the Organization	on: ZERODHA BROKING	L1D <sub>e</sub>										
Date of the IPV:	Y MI WI D D	YYY	Signature of the Pers	son who has done the	e IPV Seal/Stamp o	of the Intermediary						
Acknowledgement	i e											
We have received	the account modifi	cation/addition/d	eletion request fo	r the account with	n details below on D	MMYYYY						
DP ID		ient ID		Application n								
		t/sole holder	Se	cond holder	Third ho	older						
Account holder's												
Modification reque												
Seal & signature of authorised signator												



## 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 co	rresponding window)
---	--	---------------------

				·	
		ew <b>⊻</b> Upda	•		nall
	A. Identity details				
V	1. Name (Same as ID Proof)	VARUN N	1AHESH		
	1a. Maiden Name (If any)				
		MAHESH			
	2a. Mother's Name	SUNANDA			Paren
П	3a. Gender ☑ Male ☐ Female	□ Transgender 3h	Marital Status VSingle	□ Married □ Othe	( e
					1 30.000 <u>2 1 0 5 7 19 4 5 1</u>
	4a. Citizenship ☑ Indian ☐ 0				) visio
	4b. Residential Status ☑ Resid	ent individual 🗀 N	ion Resident Indian 🗆	Person of Indian O	rigin 🗀 Foreign National
	Tick if applicable ☐ Residence	for tax purposes in	jurisdiction(s) outside In	dia	
	ISO 3166 Country Code of Juriso	diction of residence	Place of birth		
	Tax Identification Number or Equi	ivalent		IS03166	6 Country Code of Birth
	52 DAN A Q C O F 4 9	265			
	5a. PAN ABCDE19	11 000711171			
	5b. Unique Identification Number		on (Diana Canaity)		
	6. Proof of Identity Submitted   <b>B. Address details</b>	MPan Card Libine	er (Please Specify)		
_					
	1. Contact Details Telephone (Office)		Mahila Na	1010	
	Telephone (Residence)		Mobile No		376543210 BMAIL. COM
		Address Address	Type: □ Residential		Unspecified
	Address Dr # 456	DOLLARS	COLONY	J.P. MAGAL	?
	City/Town BANBALOR	E	District BANG	ALORE	Pin Code 5 6 0 0 7 8
	1	ATAKA	Biothor BANG	Country/	ISO Code INDIA
	Specify the Proof of Address Su	bmitted for Residence	ce / Correspondence Ad		
	C. DECLARATION				
	I hereby declare that the details furnished				(Pa
	I undertake to inform you of any change false or untrue or misleading or misrepre	s tnerein, immediately. In Esenting, I am aware that	case any of the above inform I may be held liable for it.	lation is found to be	V Cars
	I hereby consent to receiving information	_	-	above registered	F2 Client Signature
	number/email address.	9 52			
_	Date: 2 1 1 0 2 0 8	7 _ 3			
	FOR OFFICE USE ONLY				
	In Person Verification (IPV)details: Name of the Person who has done the IP	D\/-			
	Designation:		nployee ID;		
	Name of the Organization: ZERODHA BRO		ipioyee iD.		
		2023	Signature of the Person w	ho has done the IPV	Seal/Stamp of the Intermediary
1	Originals Verified and Self-Attested Docu	THE PERSON NAMED IN COLUMN TO A STATE OF THE PERSON NAMED IN COLUMN TO A STATE			•
			·		
			Date		Signature of the Authorized Signatory

Sign wherever you see 🖍



☐ 3. Permanent Address													
Address SAME AS ABOVE	5												
City/Town													
State/U.T Code		Country/ISO Code											
4. Address in the jurisdiction details where applicant	t is resident outsid	le 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 rela	ated nersons inlea	se fill helow details)											
☐ Addition of Related Person ☐ Deletion of Related P		iso in bolow details)											
	eison												
KYC Number of Related Person (if available)													
Related Person Type   Guardian of Minor	Assignee $\square$ Auth	orized Representative											
Name													
(If KYC number & name are provided, below details ar	e optional)												
Proof Of Identity Of Related Person													
Identity Proof Submitted	Number												
Expiry Date: DDMMYYYY													
Others (any document notified by the Central Govt.)	Identification No												
Simplified Measures Account-Document Type Code	Identification No												



## **Annexure B**

## Correction in the name of Individual Demat Account Holder

					Dep	posit	ory I	Parti	cipa	ant Na	me	/ Ad	dre	ess									
Application No.										Date		<b>1</b> 2	l n	,	M	1		L	2	ex.	200	λ	5
Application No.		-								Date		LOX.	1		1.17		0	16	X	Q	0	_	_5_
Dear Sir/Madam,																							
I/We hereby requeno:	st you	ı to ca	irry o	ut th	e co	rrecti	ion in	my/	our	name i	n th	e foll	owi	ng	dem	at a	ccou	ınt					
Please fill all the de	etails i	n Bloc	k Let	ters i	in Er	nglish				Clie	ent I	D		Τ		Т			1	Т	-		1
Account Holder Name of First / S					//\n	DIS		М															
Name of Second					VFII	KU,	N.	141															
Name of Third Ho	older														+	-							
Correction in name	of the	2		1 let		1	1 <sup>st</sup> /2 <sup>n</sup>	nd/3rd7	ho	lder.													
Name as recorded			200011	nt														1					
Correction in nam					_		RUI											1					
demat account						VA	RU	M.,	M	AHES	H												
Reason for mino	r corr	ectio	n (nle	ease	tic	k anv	v one	a)															
Expansion spelling mistakes	n of in	itials			Ad	ditior	of m	niddle	e na	me 🗌		Abl	orev	viat	ion t	o in	itials	. [		] c	orre	tio	n of
I hereby state that account of change  Specify the proof  PAN card	in nan	ne due	e to n <b>/ sub</b> HAAR	mitt card	age, t <b>ed i</b>	divor	rce, c	ourt r <b>t of</b>	orde cor	er, num	nerol n in	ogy o	or a	iny	othe	r re	unt a asor	ns. s IC	)	,		not	on
Name	1.40	-	/Sol						S	econd Holder Third Holder													
Name	VAIA	RUN	I M	AH	Es	H																	
Signature	Pa	Des.	-																				
Note: To be signed						==	(Plea	ase 1	eai	r Here	) ==	===								==:		==	: <b>=</b> =
Received Account	Details	s Addi	tion /	Moc	difica					n <mark>ent R</mark> quest a			ails	giv	en l	oelo	w:						
Application No.									C	ate	D	1	)	1	d	M		Y		(1)	Y	1	Υ
DP ID					Τ				1	Client	ID	_	T	_			+		+	Г		t	$\neg$
Name of the Sole	First	Holde	r		Τ		-										- 1		_				
Name of Second j	int H	older			+																		
Name of Third join	t Holo	ler																					
Modification reque [Specify reason]	sted f	or:																_				_	

Depository Participant Seal and Signature