

**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	VARUN		
Mother's name			
PAN	ABCDE1234F		

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
CHANGE OF ADDRESS	MODIFICATION	Dr#123 DOLLARS COLONY J.P. NAGAR, 4 <sup>th</sup> PHASE, BANGALORE 560078.	Dr# 456 DOLLARS COLONY J.P. NAGAR 3 <sup>rd</sup> PHASE BANGALORE 560078

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

First Sole Holder  
or Guardian  
(in case of Minor)  
-F

Second Holder  
-S

Third Holder  
-T

**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;"><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.										
	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)

<b>For office use only</b> (To be filled by the financial institution)			
Application Type*	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Update	KYC Number <input type="text"/>
Account Type*	<input checked="" 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)	VARUN MAHESH
1a. Maiden Name (If any)	
<input type="checkbox"/> 2. Father's/Spouse's Name	MAHESH
2a. Mother's Name	SUNANDA

3a. Gender  Male  Female  Transgender 3b. Marital Status  Single  Married  Other 3c. DOB 21/05/1995

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 ABCDE1234F

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	+91-9876543210
Telephone (Residence)		Email ID	ABCDEF1234@GMAIL.COM

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

Address	DP # 456 DOLLARS COLONY J.P. NAGAR		
	3 <sup>rd</sup> PHASE		
City/Town	BANGALORE	District	BANGALORE
State/U.T Code	KARNATAKA	Pin Code	560078
		Country/ISO Code	INDIA
Specify the Proof of Address Submitted for Residence / Correspondence Address Aadhar / Passport / DL / Voter ID			

**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: 21/10/2023

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: 21/10/2023 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										SAME AS ABOVE									
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														
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Expiry Date :

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