

## 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	
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## Account holder details


	First/sole holder	Second holder	Third holder
Name	VARUN.M		
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 SIGNATURE	MODIFICATION		

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

  
 First/Sole Holder  
 or Guardian  
 (in case of Minor)

  
 Second Holder

  
 Third Holder

## 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										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)

## 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)	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 ABCDEF1234F

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 Pin Code 560078

State/U.T Code KARNATAKA 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	