

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

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

B ADDRESS DETAILS

<input type="checkbox"/>	1. Address for Correspondence	_____																																																																																														
		City / Town / Village																Country				Pin Code																																																																										
		State																																																																																														
<input type="checkbox"/>	2. Specify the Proof of Address submitted for Correspondence Address:	_____																																																																																														
<input type="checkbox"/>	3. Contact Details	<table border="1"> <tr> <td>Tel. (Off.)</td> <td colspan="11">_____</td> <td>Fax</td> <td colspan="11">_____</td> </tr> <tr> <td>Tel. (Res.)</td> <td colspan="11">_____</td> <td>Mobile No</td> <td colspan="11">_____</td> </tr> <tr> <td>E-Mail Id,</td> <td colspan="23">_____</td> </tr> </table>																							Tel. (Off.)	_____											Fax	_____											Tel. (Res.)	_____											Mobile No	_____											E-Mail Id,	_____																						
Tel. (Off.)	_____											Fax	_____																																																																																			
Tel. (Res.)	_____											Mobile No	_____																																																																																			
E-Mail Id,	_____																																																																																															
<input type="checkbox"/>	4. Registered Address (If different from above)	_____																																																																																														
		City / Town / Village																Country				Pin Code																																																																										
		State																																																																																														

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

<input type="checkbox"/>	1. Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:	_____																							
<input type="checkbox"/>	2a. DIN of whole time directors :	_____																							
<input type="checkbox"/>	2b. Aadhar number of Promoters/Partners/Karta :	_____																							

D DECLARATION

I/We declare that the details furnished above are true and correct to the best of my knowledge and undertake all liabilities w.r.t any incorrect information, I also confirm to inform Zerodha w.r.t any changes in the future. I/We are also aware that for Aadhaar OVD based KYC, my KYC shall be validated against my Aadhaar. I/We hereby consent to sharing my/our masked Aadhaar with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I/We or Zerodha have a business relationship for KYC purposes only. I/We hereby consent to receiving information from CVL KRA & C-KYC Registry through SMS/Email on the above registered number/Email ID.

Date: [D][D] / [M][M] / [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 organisation: Zerodha Broking Limited

Date of IPV: [D][D] / [M][M] / [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