

**Account details addition/modification/deletion request form**

Zerodha Broking Limited

Zerodha Commodities Private Limited

Application number	Dated
	DD-MM-YY

Please fill all details in BLOCK LETTERS in English

DP ID	120816XX	BO ID	XXXXXXXXXX	Client (Login) ID	ABC123
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**Account holder details**

	First/sole holder	Second holder	Third holder
Name	ABCDEF		
Mother's name			
PAN	AAXXXXXXXD		

- 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 Email id And Mobile Number	Modification	ABCD@XYZ.COM 82xxxxxxx01	JKLM@NOP.COM 91XXXXXXX33

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

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

**-S** Second Holder

**-T** 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/dclction request for the account with details below on 

D	D	M	M	Y	Y	Y	Y
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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 type="checkbox"/> Normal	<input type="checkbox"/> Simplified (for low risk customers)	<input type="checkbox"/> Small

**A. Identity details**

<input checked="" type="checkbox"/> 1. Name (Same as ID Proof)	ABCDEF	
1a. Maiden Name (If any)		
<input type="checkbox"/> 2. Father's/Spouse's Name		
2a. Mother's Name		

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	91XXXXXX33
Telephone (Residence)		Email ID	JKLM@NOP.COM

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/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 :

  
 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 \_\_\_\_\_