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Zerodha Broking Limited				Application		n number	Dated DD-MM-YY
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address' 'Chan	ge of bank details', phone number', etc.	Type of change: Please specify if addition/modification/deletion		EMOUNTS COLUMN			
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	zation: ZERODHA BROKIN				dana the IDV	Seal/Stamp	of the Intermed
Date of the IPV:	D D M M Y	Y Y Y Sig	gnature of the Pe	erson who has	done the IPV	Oddy others	
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Digitally Signed by: Ravi S Mayarkar Date: 28-12-2023 07:35 pm



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 appropri	te row where CHANGE/CORRECTION is required	and provide the details in the corresponding window)
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Application Type*
A. Identity details 1. Name (Same as ID Proof) 1a. Maiden Name (If any) 2. Father's/Spouse's Name 2a. Mother's Name 3a. Gender Male Female Transgender 3b. Marital Status Single Married Other 3c. DOB
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5a. PAN AAXXXXXXID 5b. Unique Identification Number (UID) / AADHAR
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/Tayur
City/Town District Pin Code State/U.T Code Country/ISO Code
Specify the Proof of Address Submitted for Residence / Correspondence Address
C. DECLARATION
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, raiso commit to morm zeroona w.r.t any changes in the future, lywe are also aware that for Adonaar OVD based KYC, my KYC shall be validated against my Adohaar. I/We hereby consent to sharing my/our masked Adohaar 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: X X X X X X X X X
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 Signature of the Person who has done the IPV Seal/Stamp of the Intermediary
Originals Verified and Self-Attested Document Copies Received
Date Digitally Signed by: Date Ray S Mayarkatory
3 Date: 28-12-2023