

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	XXXXXXXX	Client (Login) ID	ABC123
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Account holder details

	First/sole holder	Second holder	Third holder
Name	ABC HUF		
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 82xxxxxx01	JKLM@NOP.COM 91XXXXXX33

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

FOR ABC HUF

 First/Sole Holder
 or Guardian
 (in KARTA)
 -F

 -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:

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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> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>												
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 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

1. Name of the Applicant **ABC HUF**

2a. Date of incorporation ____ / ____ / ____ 2b. Place of incorporation _____

3. Date of commencement of business ____ / ____ / ____

4a. PAN **AAXXXXXXXD**

4b. Registration No. (e.g. CIN) _____

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

1. Address for Correspondence

City / Town / Village _____ Pin Code: _____
 State _____ Country _____

2. Specify the Proof of Address submitted for Correspondence Address: _____

3. Contact Details

Tel. (Off.) _____ Fax _____
 Tel. (Res.) _____ Mobile No **91XXXXXX33**
 E-Mail Id. **JKLM22@XXX.COM**

4. Registered Address (If different from above)

City / Town / Village _____ Pin Code: _____
 State _____ Country _____

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

1. Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:

2a. DIN of whole time directors : _____

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.

FOR ABC HUF

KARTA

Date: **XX / X X / X X X X** 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: ____ / ____ / ____

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 _____