

Application Kit

## INSTRUCTIONS / CHECK LIST FOR FILLING KYC FORM

#### A. IMPORTANT POINTS:

- Self attested copy of PAN card is mandatory for all clients including promoters.
- Copies of all the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the below mentioned list.
- 3. If any proof of identity or address is in a foreign language, then translation into English is required.
- Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- If correspondence & permanent address are different, then proofs for both have to be submitted.
- Sole proprietor must make the application in his individual name & capacity.
- For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport/PIOCard/OCICard and overseas address proof is mandatory.
- For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
- In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- For opening an account with Depository participant or Mutual Fund, for amin or, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
- Politically Exposed Persons (PEP) are defined as individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States or of Governments, senior politicians, senior Government/judicial/military officers, senior executives of state owned corporations, important political party officials, etc.

#### B. Proof of Identity(POI): List of documents admissible as Proof of Identity:

- PAN card with photograph. This is a mandatory applicants except those who are specifically exempt from obtaining PAN (listed in Section D).
- Unique Identification Number (UID) (Aadhaar)/Passport/Voter ID card/Driving license.
- Identity card/ document with applicant's Photo, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities, Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members; and Credit cards/Debit cards issued by Banks.
- C. Proof of Address (POA): List of documents admissible as Proof of Address: (\*Documents having an expiry date should be valid on the date of submission.)
  - Passport/Voters Identity Card/Ration Card/Registered Lease or Sale Agreement of

- Residence/Driving License/Flat Maintenance bill/Insurance Copy
- Utility bills like Telephone Bill (only land line), Electricity bill or Gas bill Not more than 3 months old.
- Bank Account Statement/Passbook Not more than 3 months old.
- Self-declaration by High Court and Supreme Court judges, giving the new address in respect of their own accounts
- Proof of address issued by any of the following: Bank Managers of Scheduled Commercial Banks/Scheduled Co-Operative Bank/Multinational Foreign Banks/Gazetted Officer/Notary public/Elected representatives to the Legislative Bank/Multinational Assembly/Parliament/Documents issued by any Govt. or Statutory Authority.
- Identity card/document with address, issued by any of the following: Central/State Government and its Departments, Statutory/Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, Public Financial Institutions, Colleges affiliated to Universities and Professional Bodies such as ICAI, ICWAI, ICSI, Bar Council etc., to their Members.
- For Fil/sub account, Power of Attorney given by Fil/sub-account to the Custodians (which are duly notarized and/or apostiled or consularised) that gives the registered address should be taken
- The proof of address in the name of the spouse may be accepted.

#### D. Exemptions/clarifications to PAN

(\*Sufficient documentary evidence in support of such claims to be collected.)

- In case of transactions undertaken on behalf of Central Government and/or State Governmentand by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
- Investors residing in the state of Sikkim
- UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India.
- SIP of Mutual Funds upto Rs 50,000/- p.a.
- In case of institutional clients, namely, FIIs, Mfs, VCFs, FVCIs, Scheduled Commercial Banks, Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Public Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

#### E. List of people authorized to attest the documents:

- Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy)
- 2. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.

#### F. In case of Non-Individuals, additional documents to be obtained from Non-individuals, over & above the POI & POA, as mentioned below:

| Types of entity                                        | Documentary requirements                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |  |  |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Corporate                                              | Copy of the balance sheets for the last 2 financial years (to be submitted every year)  Copy of latest share holding pattern including list of all those holding control, either directly or indirectly, in the company in terms of SEBI takeover Regulations, duly certified by the company secretary/Whole time director/IMD(to be submitted every year)  Photograph, POI, POA, PAN and DIN numbers of whole time directors/two directors in charge of day to day operations  Photograph, POI, POA, PAN of individual promoters holding control — either directly or indirectly  Copies of the Memorandum and Articles of Association and certificate of incorporation  Copy of the Board Resolution for investment in securities market  Authorised signatories list with specimen signatures |  |  |  |
| Partnership firm                                       | <ul> <li>Copy of the balance sheets for the last 2 financial years (to be submitted every year)</li> <li>Certificate of registration (for registered partnership firms only)</li> <li>Copy of partnership deed</li> <li>Authorised signatories list with specimen signatures</li> <li>Photograph, POI, POA, PAN of Partners</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| Trust                                                  | <ul> <li>Copy of the balance sheets for the last 2 financial years (to be submitted every year)</li> <li>Certificate of registration (for registered trust only), Copy of Trust deed</li> <li>List of trustees certified by managing trustees/CA</li> <li>Photograph, POI, POA, PAN of Trustees</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
| HUF                                                    | PAN of HUF  Deed of declaration of HUF/List of coparceners  Bank pass-book/bank statement in the name of HUF  Photograph, POI, POA, PAN of Karta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| Unincorporated<br>Association or a body of individuals | <ul> <li>Proof of Existence/Constitution document</li> <li>Resolution of the managing body &amp; Power of Attorney granted to transact business on its behalf</li> <li>Authorized signatories list with specimen signatures</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |  |  |
| Banks/Institutional Investors                          | <ul> <li>Copy of the constitution/registration or annual report/balance sheet for the last 2 financial years</li> <li>Authorized signatories list with specimen signatures</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| Foreign Institutional<br>Investors (FII)               | Copy of SEBI registration certificate     Authorized signatories list with specimen signatures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |
| Army/Government Bodies                                 | Self-certification on letterhead     Authorized signatories list with specimen signatures                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |  |  |
| Registered Society                                     | <ul> <li>Copy of Registration Certificate under Societies Registration Act</li> <li>List of Managing Committee members</li> <li>Committee resolution for persons authorised to act as authorised signatories with specimen signatures</li> <li>True copy of Society Rules and Bye Laws certified by the Chairman/Secretary</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |



| S. No.                   | Name of the Document                                   | Brief Significance of the Document                                                                                                                                                                                                           | Page No       |
|--------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| MAN                      | IDATORY DOCUMENTS AS PRI                               | ESCRIBED BY SEBI & EXCHANGES                                                                                                                                                                                                                 |               |
| 1                        | Account Opening Form                                   | A. KYC form - Document captures the basic information about the constituent and an instruction/checklist.  B. Document captures the additional information about the Constituent relevant to trading account and an instruction /check list. |               |
| 2                        | Tariff Sheet                                           | Document detailing the rate/amount of brokerage and other charges levied on the client for trading on the stock exchange(s).                                                                                                                 | 9             |
| 3 Rights and Obligations |                                                        | Document stating the Rights & Obligations of stock broker /trading member and client for trading on exchanges (including additional rights & obligations in case of internet/wireless technology based trading).                             |               |
| 4                        | Risk Disclosure Document (RDD)                         | Document detailing risks associated with dealing in the securities market.                                                                                                                                                                   | Annexure<br>B |
| 5                        | Guidance note                                          | Document detailing do's and dont's for trading on exchange for education of investors                                                                                                                                                        | Annexure<br>C |
| 6                        | Policies and Procedures                                | Document describing significant policies and procedures of Stock Broker.                                                                                                                                                                     | Annexure<br>D |
| VOL                      | UNTARY AND OPTIONAL DOCL                               | JMENTS AS PROVIDED BY THE STOCK BROKER                                                                                                                                                                                                       |               |
| 7                        | Undertaking                                            | Contains voluntary undertakings by the client with respect to Zerodha's internal operations during the course of the relationship with Zerodha.                                                                                              | 10 – 11       |
| 8                        | Running Account Authorization and Mobile Declaration   | Letter of Authorization for maintaining a Running Account with Zerodha and Client consent letter for receiving SMS from Zerodha                                                                                                              | 12            |
| 9                        | Client Defaulter Declaration and Client Acknowledgment | Client declaration stating that he is not a defaulter and Client acknowledgment that he has read all the rules & regulations.                                                                                                                | 13            |

| Name of the Trading Member  | Zerodha Broking Limited (hereinafter referred to as "Zerodha")                                                                                                                                                                                                                                                                                                                                            |  |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name of the Clearing Member | Zerodha Broking Limited                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Cash Segment                | NSE, BSE : Zerodha Broking Limited                                                                                                                                                                                                                                                                                                                                                                        |  |
| Derivatives                 | NSE: F&O: Zerodha Broking Limited SEBI Registration No. INZ000031633 CDS: Zerodha Broking Limited SEBI Registration No. INZ000031633 COM: Zerodha Broking Limited SEBI Registration No. INZ000031633 BSE: F&O: Zerodha Broking Limited SEBI Registration No. INZ000031633 CDS: Zerodha Broking Limited SEBI Registration No. INZ000031633 COM: Zerodha Broking Limited SEBI Registration No. INZ000031633 |  |

# SEBI Registration Number:

Zerodha Broking Limited: Member of NSE, BSE & MCX – INZ000031633

CDSL: Depository services through Zerodha Securities Pvt. Ltd. - IN-DP-431-2019

# Zerodha's Registered Office:

153/154, 4th Cross, Dollars Colony, Opp. Clarence Public School, J.P. Nagar, 4th Phase Bangalore

- 560078. Ph : 91-8047181888

Correspondence Address: Same as above

Compliance Officer: Pankathi H Jain, Phone No. & Email ID: 91-8047181888, compliance@zerodha.com

CEO: Nithin Kamath, Phone No. & Email ID: 91-8047181888, ceo@zerodha.com

For any grievance please contact Zerodha at the above address or email complaints@zerodha.com & Phone no. 91-8047181888.

# In case not satisfied with the response, please contact the concerned exchange at:

1.NSE: ignse@nse.co.in or contact at 022-26598100 | 2. BSE: is@bseindia.com or contact at 022-22728097

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| 1. | Name PRADEEP . M                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                         |                 |        |                                      |
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| 2  | . Relationship with Applicant (i.e. promoters, whole time directors etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | KARTA                                   |                 |        | _                                    |
| 3  | a. PAN ABCDE 45674                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3b. DIN                                 |                 |        |                                      |
|    | c. Aadhar (UID) Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 55. Dit                                 |                 |        | -                                    |
|    | Residential/ Registered Address # 101                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | J. P. NAGAR                             | ,               |        |                                      |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1 |                 |        |                                      |
|    | City/Town/Village BANGALORE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         | Pin Code        | 560078 | A L                                  |
|    | State KARNATAKA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Count                                   |                 | 0000   |                                      |
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| 1  | Name MEENAKSHI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                 |        |                                      |
| 2  | . Relationship with Applicant (i.e. promoters, whole time directors etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | MEMBER                                  |                 |        |                                      |
|    | a. PAN F GHIJ 22745                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3b. DIN                                 |                 |        |                                      |
|    | c. Aadhar (UID) Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 30. 5114                                |                 |        | (3.3)                                |
|    | . Residential/ Registered Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                 |        | A:A.                                 |
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|    | City / Town / Village                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         | Pin Code        | M      |                                      |
|    | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Count                                   |                 |        |                                      |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                 |        |                                      |
| 1  | . Name PREETHAM . M. 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | )                                       |                 |        |                                      |
| 2  | . Relationship with Applicant (i.e. promoters, whole time directors etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | CO - PERC                               | FNIFO           |        |                                      |
|    | a. PAN KLM NO3317P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3b. DIN                                 | LENER           |        |                                      |
|    | c. Aadhar (UID) Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SD. DIN                                 |                 |        | - 6 6                                |
|    | Residential/ Registered Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                 |        | 2                                    |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | AS ABOVE                                | E               |        | J. Vacat                             |
|    | City / Town / Village                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         | Pin Code        |        | Octour                               |
|    | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Count                                   |                 |        | co fo                                |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                 |        |                                      |
| 1  | . Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                 |        |                                      |
| 2  | . Relationship with Applicant (i.e. promoters, whole time directors etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                 |        | PHOTOGRAPH                           |
|    | a. PAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 3b. DIN                                 |                 |        |                                      |
|    | c. Aadhar (UID) Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SO. DIN                                 |                 |        |                                      |
|    | . Residential/ Registered Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                         |                 |        | Please affix<br>your recent passport |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                 |        | size photograph and                  |
|    | City / Town / Village                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         | Pin Code        |        | sign across it                       |
|    | State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Coun                                    |                 |        |                                      |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                 |        |                                      |
| 1  | . Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                 |        |                                      |
| 2  | . Relationship with Applicant (i.e. promoters, whole time directors etc.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                         |                 |        | PHOTOGRAPH                           |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3b. DIN                                 |                 |        |                                      |
|    | ia. PAN<br>ic. Aadhar (UID) Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3b. DIN                                 |                 |        |                                      |
|    | Residential/ Registered Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                 |        | Please affix<br>your recent passport |
|    | . Itesidelitiak itegistelea Addiess                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                         |                 |        | size photograph and                  |
|    | City / Town / Village                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         | Dia Octo        |        | sign across it                       |
|    | City / Town / Village<br>State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Coun                                    | Pin Code<br>try |        |                                      |
|    | Pradeen & Fartily HIIF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                 |        |                                      |
|    | Pradeep & Factivy HUF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                 |        |                                      |
|    | 1 Day                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                 |        |                                      |
|    | Name & Signature of the Authorised Signatory (les)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |                 | Data   |                                      |
|    | PARAMETER STATE OF THE STATE OF |                                         |                 | Date:  |                                      |
|    | 4 Designation of the Control of the  |                                         |                 |        |                                      |
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                 |        |                                      |

# TRADING ACCOUNT RELATED DETAILS A. BANK ACCOUNT DETAILS

| Bank Name                                                                                                                                                                                                                                                                                                      | HDFC BANK                                                                                                                                                                                                                      | K                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| bank warne                                                                                                                                                                                                                                                                                                     | HELD DUIGI                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Branch Address                                                                                                                                                                                                                                                                                                 | BANGALORE                                                                                                                                                                                                                      | E BRANCH KARNATAKA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Account Number                                                                                                                                                                                                                                                                                                 | 50100011                                                                                                                                                                                                                       | N. Carlotte and Ca |
| MICR Number                                                                                                                                                                                                                                                                                                    | 41124000                                                                                                                                                                                                                       | a IFSC Code HDFC 00007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Account Type: Savings                                                                                                                                                                                                                                                                                          | Current Others                                                                                                                                                                                                                 | In case of NRI Account: NRE \( \square\) NRO \( \square\)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| B. OTHER DETAILS                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Gross Annual Income De                                                                                                                                                                                                                                                                                         | etails (please specify): Income Rar                                                                                                                                                                                            | nge per annum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Below Rs 1 Lakh □                                                                                                                                                                                                                                                                                              | 1-5 Lakh 🖸 5-10 Lakh                                                                                                                                                                                                           | □ 10-25 Lakh □ 25 Lakh to 1 Crore □ >1 Crore □                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Net-worth as on (date)_                                                                                                                                                                                                                                                                                        | (                                                                                                                                                                                                                              | (Net worth should not be older than 1year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Mode in which you wish                                                                                                                                                                                                                                                                                         | to receive the RDD, Rights & Oblin                                                                                                                                                                                             | igations, and Guidance Note: Physical   Electronic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| In case of non-individual                                                                                                                                                                                                                                                                                      | ls, for any of your Authorized Signa                                                                                                                                                                                           | atories / Promoters / Partners / Karta/Trustees / Whole time Directors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                | ☐ Related to a Politically Exposed Person (PEP) ☐                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                | 250 5 1 1.00                                                                                                                                                                                                                   | 16 ty 15 (AST)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| C. DEPOSITORY AC                                                                                                                                                                                                                                                                                               | COUNT(S) DETAILS                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Depository Participant N                                                                                                                                                                                                                                                                                       | Name                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Beneficiary Name                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| DP ID                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                | BO ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Depository Name:                                                                                                                                                                                                                                                                                               | NSDL□                                                                                                                                                                                                                          | BO ID CDSL 🖼                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Depository Name:  D. PAST ACTIONS  Details of any action/pro                                                                                                                                                                                                                                                   | oceedings initiated/pending/ taken t                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Depository Name:  D. PAST ACTIONS Details of any action/propromoters/whole time d  E. DEALINGS THRO                                                                                                                                                                                                            | oceedings initiated/pending/ taken to<br>irectors/authorized persons in char<br>DUGH SUBBROKERS AND O                                                                                                                          | by SEBI/ Stock exchange/any other authority against the applicant/constituent or its Part arge of dealing in securities during the last 3 years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Depository Name:  D. PAST ACTIONS Details of any action/propromoters/whole time d  E. DEALINGS THRO If client is dealing through                                                                                                                                                                               | oceedings initiated/pending/ taken to<br>irectors/authorized persons in characteristics.<br>DUGH SUBBROKERS AND On<br>the the sub-broker, provide the follo                                                                    | by SEBI/ Stock exchange/any other authority against the applicant/constituent or its Part arge of dealing in securities during the last 3 years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Depository Name:  D. PAST ACTIONS Details of any action/propromoters/whole time d  E. DEALINGS THRO If client is dealing through                                                                                                                                                                               | oceedings initiated/pending/ taken to irectors/authorized persons in characteristics of the sub-broker, provide the follows:                                                                                                   | by SEBI/ Stock exchange/any other authority against the applicant/constituent or its Part arge of dealing in securities during the last 3 years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Depository Name:  D. PAST ACTIONS Details of any action/propromoters/whole time d  E. DEALINGS THRO If client is dealing through Sub-broker's Name Registered Office Addres Phone  Whether dealing with an                                                                                                     | oceedings initiated/pending/ taken to irectors/authorized persons in characteristics of the sub-broker, provide the follows:                                                                                                   | by SEBI/ Stock exchange/any other authority against the applicant/constituent or its Part arge of dealing in securities during the last 3 years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Depository Name:  D. PAST ACTIONS Details of any action/propromoters/whole time d  E. DEALINGS THRO If client is dealing throug Sub-broker's Name Registered Office Addre Phone  Whether dealing with an Name of Stock Broker Client Code                                                                      | oceedings initiated/pending/ taken to<br>irectors/authorized persons in characteristics.<br>DUGH SUBBROKERS AND On<br>the sub-broker, provide the follo                                                                        | by SEBI/ Stock exchange/any other authority against the applicant/constituent or its Part arge of dealing in securities during the last 3 years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Depository Name:  D. PAST ACTIONS Details of any action/propromoters/whole time d  E. DEALINGS THRO If client is dealing through Sub-broker's Name Registered Office Addree Phone  Whether dealing with an Name of Stock Broker Client Code  Details of disputes/dues                                          | DUGH SUBBROKERS AND On the sub-broker, provide the follows:  By other stock broker/subbroker (in spending from/to such stock broker)                                                                                           | by SEBI/ Stock exchange/any other authority against the applicant/constituent or its Part arge of dealing in securities during the last 3 years  OTHER STOCK BROKERS  Diving details:  SEBI Registration number  Fax Website  If case dealing with multiple stock brokers/sub-brokers, provide details of all)  Name of Sub Broker, if any  Exchange  er/sub-broker:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Depository Name:  D. PAST ACTIONS Details of any action/propromoters/whole time d  E. DEALINGS THRO If client is dealing through Sub-broker's Name Registered Office Addree Phone  Whether dealing with an Name of Stock Broker Client Code  Details of disputes/dues  F. INTRODUCER Di                        | DUGH SUBBROKERS AND On the sub-broker, provide the follows:  By other stock broker/subbroker (in spending from/to such stock broker)                                                                                           | by SEBI/ Stock exchange/any other authority against the applicant/constituent or its Part arge of dealing in securities during the last 3 years  OTHER STOCK BROKERS  Diving details:  SEBI Registration number  Fax Website  If case dealing with multiple stock brokers/sub-brokers, provide details of all)  Name of Sub Broker, if any  Exchange  er/sub-broker:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Depository Name:  D. PAST ACTIONS Details of any action/propromoters/whole time d  E. DEALINGS THRO If client is dealing through Sub-broker's Name Registered Office Addree Phone  Whether dealing with an Name of Stock Broker Client Code Details of disputes/dues  F. INTRODUCER Did Name of the Introducer | DUGH SUBBROKERS AND On the sub-broker, provide the follows:  By other stock broker/subbroker (in spending from/to such stock broker)                                                                                           | by SEBI/ Stock exchange/any other authority against the applicant/constituent or its Part arge of dealing in securities during the last 3 years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Depository Name:  D. PAST ACTIONS Details of any action/propromoters/whole time d  E. DEALINGS THRO If client is dealing through Sub-broker's Name Registered Office Addree Phone  Whether dealing with an Name of Stock Broker Client Code Details of disputes/dues  F. INTRODUCER Did Name of the Introducer | DUGH SUBBROKERS AND On the sub-broker, provide the follows:  By other stock broker/subbroker (in the sub-broker)  By other stock broker/subbroker (in the sub-broker)  By pending from/to such stock broker  ETAILS (optional) | by SEBI/ Stock exchange/any other authority against the applicant/constituent or its Part arge of dealing in securities during the last 3 years  OTHER STOCK BROKERS  Diving details:  SEBI Registration number  Fax Website  If case dealing with multiple stock brokers/sub-brokers, provide details of all)  Name of Sub Broker, if any  Exchange  er/sub-broker:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

# G. TRADING PREFERENCES / EXPERIENCE No Prior Experience □ Years in Equities \_\_\_\_\_/ Years in Derivatives \_\_\_\_/ Years in other Investment Related Field \*Please sign in the relevant boxes where you wish to trade. The segment not chosen should be struck off by the client. **Exchanges BSE & NSE** Segments Cash/Mutual funds F&0 Debt Commodity derivatives Currency If you do not wish to trade in any segment/mutual fund, please mention here # If, in future, the client wants to trade on any new segment, a separate authorization/letter should be taken from the client by the broker. H. ADDITIONAL DETAILS (I) Whether you wish to receive (a) Physical contract note (b) Electronic Contract Note (ECN) If ECN Specify your Email id: PRADEEPM@GMAIL.COM (ii) Whether you wish to avail the facility of internet trading/wireless technology/mobile trading YES 🔽 NO In case of non-individuals, name, designation, PAN, UID, signature, residential address and photographs of person/s authorized to deal in securities on behalf of the company/firm/others:

Any Other Information:

# **DECLARATION**

7

- 1. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we 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/we are aware that I/we may be held liable for it.
- 2. I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet.
- 3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on stock broker's designated website, if any.

| Place BANGALORE | Fradeep & Family HUF |
|-----------------|----------------------|
| Date 08/07/2025 | F3 Valorated Karta   |

Instructions/Checklist - As mentioned in the Circular NSE/INSP/18677 dated August 22, 2011 (Annexure 3)

Signature of all Authorized Signatory(ies)

Sign wherever you see

#### FOR OFFICE USE ONLY

UCC Code allotted to the Client:

|                         | Documents verified with Originals | Client Interviewed By | In-Person<br>Verification done by |
|-------------------------|-----------------------------------|-----------------------|-----------------------------------|
| Name of the Employee    |                                   |                       |                                   |
| Employee Code           |                                   |                       |                                   |
| Designation of employee |                                   |                       |                                   |
| Date                    |                                   |                       |                                   |
| Signature               |                                   |                       |                                   |

I/We undertake that we have made the client aware of 'Policy and Procedures', tariff sheet and all the non-mandatory documents. I/We have also made the client aware of 'Rights and Obligations' document (s), RDD and Guidance Note. I/We have given/sent him a copy of all the KYC documents. I/We undertake that any change in the 'Policy and Procedures', tariff sheet and all the non-mandatory documents would be duly intimated to the clients. I/We also undertake that any change in the 'Rights and Obligations' and RDD would be made available on my/our website, if any, for the information of the clients.

| Signature of the Authorised Signatory | Seal/Stamp of the stock broker |
|---------------------------------------|--------------------------------|
| Date                                  |                                |



### Internet & wireless technology based trading facility provided by stock broker to the client

(All the clauses mentioned in the "Rights and Obligations" document(s) shall be applicable. Additionally, the clauses mentioned herein shall also be applicable.)

- 1. Stock broker is eligible for providing Internet Based trading (IBT) and securities trading through the use of wireless technology that shall include the use of devices such as mobile phone, laptop with datacard, etc. which use Internet Protocol (IP). The stock broker shall comply with all requirements applicable to internet based trading/securities trading using wireless technology as may be specified by SEBI & the Exchanges from time to time.
- 2. The client is desirous of investing/trading in securities and for this purpose, the client is desirous of using either the internet based trading facility or the facility for securities trading through use of wireless technology. The Stock broker shall provide the Stock broker's IBT Service to the Client, and the Client shall avail of the Stock broker's IBT Service, on and subject to SEBI/Exchanges Provisions and the terms and conditions specified on the Stock broker's IBT website provided that they are in line with the norms prescribed by Exchanges/SEBI.
- 3. The stock broker shall bring to the notice of client the features, risks, responsibilities, obligations and liabilities associated with securities trading through wireless technology/internet/smart order routing or any other technology should be brought to the notice of the client by the stock broker.
- 4. The stock broker shall make the client aware that the Stock Broker's IBT system itself generates the initial password and its password policy is as stipulated in line with norms prescribed by Exchanges/SEBI.
- 5. The Client shall be responsible for keeping the Username and Password confidential and secure and shall be solely responsible for all orders entered and transactions done by any person whosoever through the Stock broker's IBT System using the Client's Username and/or Password whether or not such a person was authorized to do so. Also the client is aware that authentication technologies and strict security measures are required for the internet trading/securities trading through wireless technology through order routed system and undertakes to ensure that the password of the client and/or his authorized representative are not revealed to any third party including employees and dealers of the stock broker.
- 6. The Client shall immediately notify the Stock broker in writing if he forgets his password, discovers security flaw in Stock Broker's IBT System, discovers/suspects discrepancies/unauthorized access through his username/password/account with full details of such unauthorized use, the date, the manner and the transactions effected pursuant to such unauthorized use, etc.
- 7. The Client is fully aware of and understands the risks associated with availing of a service for routing orders over the internet/securities trading through wireless technology and Client shall be fully liable and responsible for any and all acts done in the Client's Username/password in any manner whatsoever.
- 8. The stock broker shall send the order/trade confirmation through email to the client at his request. The client is aware that the order/trade confirmation is also provided on the web portal. In case client is trading using wireless technology, the stock broker shall send the order/trade confirmation on the device of the client.
- 9. The client is aware that trading over the internet involves many uncertain factors and complex hardware, software, systems, communication lines, peripherals, etc. are susceptible to interruptions and dislocations. The Stock broker and the Exchange do not make any representation or warranty that the Stock broker's IBT Service will be available to the Client at all times without any interruption.
- 10. The Client shall not have any claim against the Exchange or the Stockbroker on account of any suspension, interruption, non-availability or malfunctioning of the Stock broker's IBT System or Service or the Exchange's service or systems or nonexecution of his orders due to any link / system failure at the Client/Stock brokers/Exchange end for any reason beyond the control of the stockbroker/Exchanges.

# Declaration

- 1. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we 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/we are aware that I/we may be held liable for it.
- 2. I/We confirm having read/been explained and understood the contents of the document on policy and procedures of the stock broker and the tariff sheet.
- 3. I/We further confirm having read and understood the contents of the 'Rights and Obligations' document(s) and 'Risk Disclosure Document'. I/We do hereby agree to be bound by such provisions as outlined in these documents. I/We have also been informed that the standard set of documents has been displayed for Information on stock broker's designated website, if any.

Client Name PRADEEP & FAMILY HUF
Place BANGALORE

08072085

Pradeep & Family Hol

Date:

## TARIFF SHEET

To

## ZERODHA BROKING LIMITED

153/154, 4th Cross, Dollars Colony, Opp. Clarence Public School, J.P. Nagar, 4th Phase Bangalore - 560078

Charges for Zerodha Trading Services

I/ We agree to pay the charges as per following charges structure for our Trading account with Zerodha effective

Client ID:

| Charge Head           | Brokerage / Charges                                              |
|-----------------------|------------------------------------------------------------------|
| Equity Intraday       | Rs 20 per executed order or 0.03% of Turnover whichever is lower |
| Equity Delivery       | Rs 20 per executed order or 0.1% of Turnover whichever is lower  |
| Futures               | Rs 20 per executed order or 0.03% of Turnover whichever is lower |
| Options               | Rs 20 per executed order                                         |
| Currency Futures      | Rs 20 per executed order or 0.03% of Turnover whichever is lower |
| Currency Options      | Rs 20 per executed order                                         |
| Call & Trade Services | Rs 50 per order placed through a Dealer at Zerodha               |

Disclaimer: Clients who opt to receive physical contract notes will be charged Rs. 20 per contract note plus courier charges. A brokerage of 0.5% of the contract value will be charged for contracts where physical delivery happens. In addition to the brokerage charge the following charges will also be levied.

# Schedule of Charges:

1. Exchange transaction charges | 2. Clearing charges | 3. Securities Transaction Tax | 4. Goods & Services Tax | 5. SEBI Turnover fees | 6. Stamp Duty

Brokerage will not exceed the rates specified by SEBI and the Exchanges All Statutory and Regulatory charges will be levied at actuals Brokerage is also charged on expired, exercised, and assigned Options contracts

Charges for other value added services will be applicable at the time of availing such service, upon your consent. Detailed explanation of all charges is available online at : https://zerodha.com/charge-list

| Pradeep & Fam | HUF   |
|---------------|-------|
| Methodolog    |       |
| F5            | Karta |

| Date: |  |  |  |
|-------|--|--|--|
| _     |  |  |  |

#### ZERODHA

153/154, 4th Cross, Dollars Colony, Opp. Clarence Public School, J.P. Nagar, 4th Phase Bangalore - 560078

## SUB: VOLUNTARY UNDERTAKING / AUTHORISATION

With respect to Member-Constituent Relationship and Mandatory and Voluntary (optional) Documents executed between us, I / We do hereby authorize ZERODHA to do the following:

#### 1.ORDER PLACEMENT INSTRUCTIONS

I understand that you require written instructions from me for placing / modifying / cancelling orders. However, since it is not practical for me to give written instructions for placing/modifying/cancelling order. Even If I have facility to trade online through Internet and wireless technology, I may have to place orders by physically visiting /calling/ Emailing the Call centre / branch specified for the said purpose by ZERODHA in case of breakdown of internet connectivity or other similar reasons.

I hereby request you to kindly accept my verbal orders/instructions, in person or over phone and execute the same. I understand the risk associated with placement of verbal orders and accept the same. I shall not disown orders under the plea that the same were not placed by me provided I am sent ECN/Physical contract notes or trade confirmations through SMS and other modes. I indemnify ZERODHA and its employees against all trade related losses, damages, actions which you may suffer or face, as a consequence of adhering to and carrying out my instructions for orders placed verbally.

#### 2.ERRORS AND OMMISSIONS

I understand and agree that inadvertent errors may occur, while executing orders placed by me. In such circumstances ZERODHA shall make all reasonable efforts to rectify the same and ensure that I am not put to any monetary loss. I understand and agree that I shall not hold ZERODHA responsible beyond this and claim additional damages/loss. I understand and agree that my request to modify or cancel the order shall not be deemed to have been executed unless and until the same is confirmed by ZERODHA.

#### 3.NO MARKET MANIPULATION

I undertake not to execute transactions, either singly or in concert with other clients, which may be viewed as manipulative trades viz. artificially raising, depressing or maintaining the price, creation of artificial volume, synchronized trades, cross trades, self trades, etc or which could be termed as manipulative or fraudulent trades by SEBI/Exchanges. In case I am found to be indulging in such activities, ZERODHA has every right to inform the Exchange/SEBI/other regulatory authority of the same and suspend/close my trading account.

#### 4.NOT TO ACT AS UNREGISTERED SUB BROKER

I undertake not to act as unregistered Sub-broker and deal only for myself and not on behalf of other clients In case I wish to deal for other clients also, I undertake to apply to SEBI through ZERODHA to obtain a sub broker registration. In case ZERODHA perceives that I am acting as an unregistered sub broker, ZERODHA has the right to immediately suspend my trading account and close all open positions and adjust the credits (across all segments) against the dues owed by me to ZERODHA without the requirement of any notice from ZERODHA. Further, ZERODHA has the right to inform the concerned regulatory authorities about the same. In aforesaid eventuality, I agree and undertake to indemnify ZERODHA from any loss/damage/claim arising out of such activity.

# **5.NOT DEBARRED BY ANY REGULATOR**

I confirm and declare that there is no bar on me imposed by any Exchange or any Regulatory and/or Statutory authority to deal in securities directly or indirectly. I agree to inform ZERODHA, in writing, of any regulatory action taken by any Exchange or Regulatory/ Statutory authority on me in future. In case I fail to inform the same and ZERODHA on its own comes to know of such action, ZERODHA has the right to suspend/close my trading account and refuse to deal with me.Also, ZERODHA can at its sole discretion, close all the open positions and liquidate collaterals to the extent of trade related debit balances, without any notice to me.

### 6. PMLA DECLARATION

I declare that I have read and understood the contents and the provisions of the PMLA Act, 2002, which were also explained to me by ZERODHA officials. I further declare that I shall adhere to all the provisions of PMLA Act, 2002.

I further undertake and confirm that;

- a. I do not have any links with any known criminal
- b. I am a genuine person and not involved or indulge knowingly or assisted, directly or indirectly, in any process or activity connected with the proceeds of crime nor I am a party to it. The investment money is derived from proper means and does not involve any black or Hawala money in any manner.

**7.INDEMNIFICATION** I hereby indemnify and hold ZERODHA, its Directors and employees harmless from and against all trade related claims, demands, actions, proceedings, losses, damages, liabilities, charges and/or expenses that are occasioned or may be occasioned to the ZERODHA directly or indirectly, relating to bad delivery of shares/ securities and/ or third party delivery, whether authorized or unauthorized and fake/forged/stolen shares/ securities/transfer documents introduced or that may be introduced by or through me during the course of my dealings/ operations on the Exchange(s) and/ or proof of address, identity and other supporting/ documents provided by me at the time of registration and/ or subsequently.

#### INDEMNITY OF JOINT HOLDINGS

I hereby agree to indemnify and hold ZERODHA harmless from any trade related claims, demands, actions, proceedings, losses, damages, liabilities, charges and/or expenses arising from transactions in securities held jointly by me with any other person or persons, if any.

#### 8. BSE StAR MUTUAL FUND FACILITY

I am interested in availing the StAR Mutual Fund facility of the Exchange for the purpose of dealing in the units of Mutual Funds Schemes permitted to be dealt with on the StAR platform of the Exchange. For the purpose of availing the StAR Mutual Fund facility, I state that "Know Your Client" details as submitted by me for the opening of Trading Account may be considered for the purpose of StAR and I/we further confirm that the details contained in same remain unchanged as on date. I am willing to abide by the terms and conditions as has been specified and as may be specified by the Exchange from time to time in this regard. I shall ensure also compliance with the requirements as may be specified from time to time by Securities and Exchange Board of India and Association of Mutual Funds of India (AMFI). I shall read and understand the contents of the Scheme Information Document and Key Information Memorandum, addenda issued regarding each Mutual Fund Schemes with respect to which I choose to subscribe/redeem. I further agree to abide by the terms and conditions, rules and regulations of the respective Mutual Fund Schemes subscribed by me.

#### 9.DELAYED PAYMENT CHARGES

I understand that in case my account is in debit balance and/or if I have insufficient funds to manage my trading positions, I will be charged an interest of 0.05% per day as delayed payment charges. I confirm having read the rules & regulations pertaining to the levy of such interest under the policies & procedures page on Zerodha's website.

#### **10. NRI DECLARATION**

I understand that if the sole/first applicant has or attains NRI Status, investments in scheme of mutual funds can be made only upon providing Foreign Inward Remittance Certificate (FIRC) to ZERODHA every time the investment is made.

#### A. THIRD-PARTY PAYMENTS

ZERODHA shall have the prerogative to refuse payments received from any bank account where the client is not the first holder or which is not mentioned in the KYC or which the client has not got updated subsequently by submitting a written request along with adequate proof thereof as per proforma prescribed by ZERODHA. ZERODHA shall not be responsible for any loss or damage arising out of such refusal of acceptance of payments in the situations mentioned above.

However, due to oversight, if any such third-party payment has been accepted by ZERODHA and the credit for the same has been given in the client's ledger, ZERODHA shall have the right to immediately reverse such credit entries on noticing or becoming aware of the same. In such a case, ZERODHA reserves the right to liquidate any of the open positions and/or any of the collaterals received/ held on behalf of the client. ZERODHA, its Directors and employees shall not be responsible for any consequential damages or losses.

#### **B. NO DEALINGS IN CASH**

ZERODHA as a policy neither accepts any funds for pay-in/margin in cash nor makes any payment or allows withdrawal of funds in cash. No claim will be entertained where the client states to have made any cash payment or deposited cash with any Branch/Sub- Broker/ Remisier/Employee/Authorised Person of ZERODHA.

#### C. DISCLOSURE OF PROPRIETARY TRADING BY ZERODHA

Pursuant to SEBI Circular Number SEBI/MRD/SEC/Cir-42/2003 dated November 19, 2003, ZERODHA discloses to its clients about its policies on proprietarytrades. ZERODHAdoesproprietarytrades in the cash and derivatives segment at NSE, BSE, and MSEI.

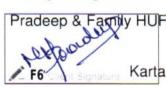
## D. DELIVERIES

The client shall ensure that the shares are properly transferred to the designated demat account of ZERODHA, for effecting delivery to the Exchange against the sale position of the client. Such transfers shall be entered by the client within the time specified by SEBI/Exchanges/ZERODHA. In case the client fails to transfer the shares on time to ZERODHA, ZERODHA shall not be responsible for any loss/damages arising out of such delayed transfers.

# E. SQUARING OFF OF POSITIONS & SALE /LIQUIDATION OF COLLATERAL MARGINS (to the extent of Settlement Margin obligation)

The client shall settle the transactions, within the Exchange specified settlement time, by making the requisite payment of funds and/or delivery of the shares. In case the client fails to settle the transactions within the settlement date, then ZERODHA has the right to square off the open and/or unpaid positions, at an appropriate time, as it deems fit, without any notice to the client. The client shall not have any right or say to decide on the timing of closure of the open positions that needs to be closed. ZERODHA, its Directors and Employees shall not be responsible for any trade related loss or damages arising out of such square offs. All such square off transactions shall have implied consent and authorization of the client in favour of ZERODHA.

After such square off of open positions by ZERODHA, as mentioned in above clauses, if there is a debit balance, the client shall pay the same immediately. However, if the client does not clear off the debit balance, ZERODHA shall have the right to liquidate the shares and other securities of the client (kept as collateral/margin) to the extent of the debit balance, without any intimation to the client. The client shall not have the right to decide on the timing of liquidation of shares and securities held in collateral/margin and the shares and securities that needs to be sold or liquidated. ZERODHA, its Directors and employees shall not be responsible for any trade related loss or damages arising out of such selling.



#### RUNNING ACCOUNT AUTHORIZATION

**VOLUNTARY** 

I/We are dealing through you as a client in Capital Market and/or Future & Option segment and/or Currency segment and/or Interest Rate future Segment & in order to facilitate ease of operations and upfront requirement of margin for trade. I/We authorize you as under:

- 1. I/We request you to maintain running balance in my account & retain the credit balance in any of my/our account and to use the unused funds towards my/our margin/pay-in/other future obligation(s) of any segment(s) of any or all the Exchange(s)/Clearing corporation unless I/We instruct you otherwise.
- 2. I/We request you to retain securities with you for my/our margin/pay-in/other future obligation(s) at any segment(s) of any or all the Exchange(s)/Clearing Corporation, unless I/We instruct you to transfer the same to my/our account.
- 3. I/We request you to settle my fund and securities account (Choose one Option)
- Once in a calendar Month
- ☐ Once in every calendar Quarter except the funds given towards collaterals/margin in form of Bank Guarantee and/or Fixed Deposit Receipt
  - 4. In case I/We have an outstanding obligation on the settlement date, you may retain the requisite securities/funds towards such obligations and may also retain the funds expected to be required to meet margin obligation for next 5 trading days, calculated in the manner specified by the exchanges.
  - 5. I/We confirm you that I will bring to your notice any dispute arising from the statement of account or settlement so made in writing preferably within 7 working days from the date of receipt of funds/securities or statement of account or statement related to it, as the case may be at your registered office.
  - 6. I/We confirm you that I can revoke the above mentioned authority at any time.
  - 7. This running account authorization would continue until it is revoked by me.

Yours faithfully,

Pradeep & Family HUF

Date: 08/07/2025

MOBILE DECLARATION

VOLUNTARY

| The entity PRADEEP & FAMILY           | HUF having PAN PPAFH 1134P            | do hereby declare that my |
|---------------------------------------|---------------------------------------|---------------------------|
| mobile no. is 990001834               | Further, I authorize ZERODHA that the | same may be used for      |
| giving me any information/ alert/SMS. |                                       |                           |

I further declare the above mentioned statement is true and correct.

Pradeep & Family HUF

# **CLIENT DEFAULTER DECLARATION**

**VOLUNTARY** 

Date: 08/07/2025

| The entity PRDEEP & FAMILY              | HUF having PAN PPARH 1134 F                                                               | do hereby declare that we   |
|-----------------------------------------|-------------------------------------------------------------------------------------------|-----------------------------|
| have not been involved in any terrorist | activities and we have not been declared a comper SEBI/ Various Exchange/ Regulatory book | defaulter or my name is not |

I further declare that the above mentioned declaration/ statement is true and correct.



To

# Zerodha Broking Limited

153/154, 4th Cross, Dollars Colony, Opp. Clarence Public School, J.P. Nagar, 4th Phase Bangalore - 560078 This is to acknowledge the receipt of following documents. I further state and confirm that I have read and understood all the clauses of aforesaid documents.

# Sub: Acknowledgement

| SI. No | Brief significance of the Document                                                      |
|--------|-----------------------------------------------------------------------------------------|
| 1      | Duly Executed Copy of KYC                                                               |
| 2      | Rights and Obligations                                                                  |
| 3      | Risk Disclosure document (RDD) for Capital, Derivatives, and Currencies Segments        |
| 4      | Guidance Note - Do's and Dont's for trading on the Exchange(s) for investors            |
| 5      | Zerodha Tariff Sheet                                                                    |
| 6      | Policies and Procedures Document pursuant to the SEBI circular dated December 03, 2009  |
| 7      | General Terms & Conditions governing securities trading and broking services of Zerodha |
| 8      | Running Account Authorization, Defaulter Declaration, & Mobile Declaration              |

I also confirm that I have received the relevant clarifications, if any, wherever required from the officials of ZERODHA

Yours faithfully,

Client Name: PRADEEP & FAMILY HUF

Pradeep & Family HUF

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Zerodha Broking Ltd.
153/154, 4th Cross, 4th Phase, JP Nagar, Dollars Colony,
Opp. Clarence School, Bangalore - 560078

# Additional KYC Form for Opening a Demat Account

| (To be filled by the D                         | epository Participa  | ant)            |                  |               |                      |           |                         |
|------------------------------------------------|----------------------|-----------------|------------------|---------------|----------------------|-----------|-------------------------|
| Application No                                 |                      | Date            |                  | DP Inte       | ernal Reference No   |           |                         |
| DP ID                                          | Exchange             | NSE/BSE         | UCC              |               | Client ID            |           |                         |
| (To be filled by the a<br>I/We request you to  | • •                  |                 | •                | llowing deta  | iils:-               |           |                         |
| Sole / First Holder's                          | s Name   DDA         | DEEP 8          | Holder Deta      | nils<br>HUF   |                      |           |                         |
|                                                | 1134P                | 100             | Transie          | HUI           | UID                  |           | 2                       |
| Second Holder's N                              |                      | _               |                  |               |                      |           |                         |
| PAN                                            |                      |                 |                  |               | UID                  |           |                         |
| Third Holder's Nam                             | ne                   |                 |                  |               | 112                  |           |                         |
| PAN                                            |                      |                 |                  |               | UID                  |           |                         |
| Name of firm or ot                             | ner entity           |                 |                  |               |                      |           |                         |
| Status  ✓ Non-Individual                       |                      | Body corporate  | )                |               | □ FII                |           |                         |
|                                                |                      |                 | 9                |               |                      |           |                         |
|                                                |                      | Mutual Fund     |                  |               | □ FI                 |           |                         |
|                                                |                      | OCB             |                  |               | □ Banks              |           |                         |
|                                                |                      | Clearing House  |                  |               | Others (spec         | cify)     | HUF                     |
| I / We instruct the D<br>(If not marked, the o |                      |                 | in my / our acc  | count         | [Automatic Credit]   | ₩Yes      | □No                     |
| I / We would like to any other further in      |                      |                 |                  |               |                      | ☐ Yes     | <u>1940</u>             |
| Account Statement                              | Requirement As       | per SEBI Regu   | lation Daily     | ☐ Weekly      | ☐ Monthly ☐ F        | ortnigh   | tly                     |
| I / We request you t                           | o send electronic tr |                 | 1.77.4           | ent at the fo | ollowing             | Yes       | □No                     |
| I / We would like to                           |                      |                 | 0117             |               |                      | ₽Yes      | □No                     |
| I / We would like to<br>(Tick the applicable   | receive the Annual   | Report          | on would be Ele  |               | sical Electronic C   | 1400 1400 | Physical and Electronic |
| I / We accept that a operated jointly.         | II communication for | rom the DP will | be sent to the f | irst holder o | of the account in ca |           | account is being        |



# Bank Details [Dividend Bank Details]

| Account type Saving Cur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | rrent ☐ Others (specify) ☐               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                     |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 01000111888                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                     |
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| Branch Name BANG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ALORE BRANCH                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                     |
| Bank Branch Address BAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | IG ALORE                                 | 01-1-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | A. D D D D D D D D        |                     |
| DELICITIONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          | State K                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ARNATAKA                  | F1                  |
| GIODITI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                          | man was a con-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PIN code                  | 560078              |
| (I) Photocopy of the cancelled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | cheque having the name of the acc        | ount holder where th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | e cheque book is issu     | ed, (or)            |
| (ii) Photocopy of the bank state                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | tement having name and address of        | the BO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           |                     |
| (iii) Photocopy of the passbook                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | k having name and address of the B       | 30, (or) (iv) Letter fro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | m the Bank.               |                     |
| *In case of options (ii), (iii) and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | nd (iv) above, MICR code of the bran     | ch should be presen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | t/mentioned on the do     | cument.             |
| Other Details                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (please specify): Income Range per       | annum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                     |
| the second secon | Lakh 🗹 5-10 Lakh 🗆                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | >25 Lacs □                |                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                     |
| Or Net-worth as on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | date                                     | (Net worth sho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | uld not be older than 1   | year)               |
| Occupation: BUSINE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ESS                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                     |
| Please tick, if applicable: Polit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | tically Exposed Person (PEP) ☐ Re        | elated to Politically Ex                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | xposed Person (RPEP       | ) 🗆                 |
| Any other information:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                     |
| SMS Alert Facility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                     |
| Refer to Terms &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | MOBILE NO. +91 99000018                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                     |
| Conditions given in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | [Mandatory, if you are giving Demat      | Company of the Compan |                           |                     |
| Annexure - 2.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (if DDPI is not granted & you do not     | wish to avail of this f                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | facility, cancel this opt | ion).               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                     |
| Stock Exchange Name/ID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Clearing Member Name                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Clearing M                | ember ID (Optional) |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           | , , , ,             |
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| easi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | To register for easi, please visit our v | website www.cdslind                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | lia.com. Easi allows a    | BO to view his      |
| Lusi 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | SIN balances, transactions and valu      | e of the portfolio onl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ine.                      |                     |



Zerodha Broking Ltd. 153/154, 4th Cross, 4th Phase, JP Nagar, Dollars Colony, Opp. Clarence School, Bangalore - 560078

|                                                 |                                                      | -A Tariff Structure                                                                           |  |  |
|-------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------|--|--|
| Dat                                             |                                                      | uals/HUF/corporates                                                                           |  |  |
| Deta                                            |                                                      | POA/DDPI Clients                                                                              |  |  |
| Star                                            | np charges payable upfront                           | Rs.50/-                                                                                       |  |  |
|                                                 |                                                      | Charges (charged quarterly)                                                                   |  |  |
| a.                                              | Individuals/Non Individual (except Corporate & NRIs) | Rs.300/- + GST                                                                                |  |  |
| b.                                              | Non Individual - Corporate                           | Rs.1000/- + GST                                                                               |  |  |
| b.                                              | NRIs                                                 | Rs.500/- + GST                                                                                |  |  |
| -                                               |                                                      | arges : (Market Trades)                                                                       |  |  |
| Buy                                             | (Receive) / Sell (Debit)                             | Nil / Rs.13/-                                                                                 |  |  |
|                                                 |                                                      | rges : (Off-Market Trades)                                                                    |  |  |
|                                                 | (Receive) / Sell (Debit)                             | Nil / 0.03% or Rs.25/- whichever is higher                                                    |  |  |
| Dem                                             | at (Per certificate)                                 | Rs. 150/- per certificate                                                                     |  |  |
| Remat (Per certificate)                         |                                                      | Rs. 150/- per certificate                                                                     |  |  |
|                                                 |                                                      | + CDSL Charges                                                                                |  |  |
| Courier charges per Demat/Remat/Demat Rejn./CMR |                                                      | Rs. 100/-                                                                                     |  |  |
| Pled                                            | ge Request                                           | Rs. 20/- + Rs. 12 per request (CDSL Charges)                                                  |  |  |
| Unpledge Request                                |                                                      | Rs. 20/- + Rs. 12 per request (CDSL Charges)                                                  |  |  |
| Pled                                            | ge invocation                                        | Rs. 20/-                                                                                      |  |  |
| Marg                                            | in Pledge                                            | Rs. 9 + Rs. 5 per request (CDSL Charges)                                                      |  |  |
| Marg                                            | in Unpledge                                          | Rs. 9 + Rs. 5 per request (CDSL Charges)                                                      |  |  |
| Marg                                            | in Repledge                                          | Rs. 2/- (CDSL charges)                                                                        |  |  |
|                                                 | Perio                                                | dic Statement                                                                                 |  |  |
| Ву Е                                            | mail / Physical                                      | Free / Rs. 50/- (+Courier charges at actual)                                                  |  |  |
|                                                 | Adhoc / Non Peri                                     | iodic Statement Requests                                                                      |  |  |
| a.                                              | By Email                                             | Rs.10/- per request                                                                           |  |  |
| b.                                              | Physical                                             | Rs. 50 per request upto 10 pages. Every additional page at Rs. 5 (+Courier charges at actual) |  |  |
|                                                 | 37 8 3 7 3 10 10                                     | ery instruction                                                                               |  |  |
| a.                                              | First Delivery Instruction Book                      | Free (10 Leaves)                                                                              |  |  |
| b.                                              | Every Addl Booklet (10 Leaves)                       | Rs.100/-                                                                                      |  |  |
| Che                                             | que Bounce Charges                                   | Rs. 350/-                                                                                     |  |  |
| Fail                                            | ed Transactions                                      | Rs. 50 per ISIN                                                                               |  |  |
| Mo                                              | dification in CML                                    | Rs. 25/- per request                                                                          |  |  |
| KRA                                             | A Upload / Download                                  | Rs. 50/-                                                                                      |  |  |

# NOTE:

- An additional discount of Rs. 0.25 will be applied to debit transactions of mutual funds and bonds. For all purposes the bill date shall be construed as the date demand and the bills will be considered as the bill cum notice for payment and Zerodha Broking Ltd. reserves the right to freeze depository account for debit transaction in case

- of non payment of charges after two days from the bill date.

  Zerodha may, upon obtaining consent, charge for any ancillary services not listed above as and when applicable.

  The above tariff is subject to change. Changes if any will be intimated 30 days in advance Annual Maintenance Charge (AMC) is non refundable. GST is applicable on all above charges except stamp charges.

  I/We understand that any instruction provided by me to Zerodha to transfer securities from my account shall be rejected by Zerodha, if there is any debit balance or any unpaid amounts due as per this tariff sheet to Zerodha.

| Pradeep | & Family HUF |
|---------|--------------|
| My      | orde         |
| 111     | Karta        |

| /- S1 |  | B |
|-------|--|---|

| / T1 |  |
|------|--|
|      |  |

| Date: 080                                                                                  | 8085                                                                                                                                      |                                                                 |                                                  |                                                 |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------|
| To,                                                                                        |                                                                                                                                           |                                                                 |                                                  |                                                 |
| Zerodha Broking Ltd.                                                                       |                                                                                                                                           |                                                                 |                                                  |                                                 |
| 153/154, 4th Cross, D                                                                      | Oollars Colony, 4th Phase, JP                                                                                                             | Nagar, Opp. Clarence Publi                                      | ic School, Bangalore - 5                         | 60078.                                          |
| Dear Sir, <b>Sub</b> : <b>Requesting for</b>                                               | bill/transaction/holding state                                                                                                            | ement through email.                                            |                                                  |                                                 |
| I/We request you to se                                                                     | end me/us bill, transaction and                                                                                                           | d holding statement of my                                       | CDSL Demat account n                             | 0.                                              |
|                                                                                            | email address: PRADI                                                                                                                      | and the second section is a second second section in the second |                                                  |                                                 |
|                                                                                            | re aware of following Terms a                                                                                                             |                                                                 |                                                  |                                                 |
| <ul> <li>a) that I/We will no</li> <li>b) that I/We will take internet/email ac</li> </ul> | t receive the bill, transaction a<br>se all the necessary steps to e<br>ecount.                                                           | and holding statements in pensure confidentiality and s         | paper form.<br>ecrecy of the login nam           | 00000000000000000000000000000000000000          |
| confidentiality /s<br>d) that I/We in case                                                 | e aware that the bill, transaction<br>secrecy of the login name and<br>se bill, transaction and holding<br>change in email address, if ar | password is compromised statements are sent by em               | d.                                               |                                                 |
| reason (including bour                                                                     | roking is not able to provide t<br>nced emails), Zerodha Brokin<br>time schedule stipulated in th                                         | g Ltd. will ensure that the to                                  | ransaction statement is                          | on website due to any provided to me/us in      |
| I/We hereby request ye                                                                     | ou to send the statements:                                                                                                                |                                                                 |                                                  |                                                 |
| Daily Fortnightly                                                                          | ☐ Weekly ☐ Monthly ☑                                                                                                                      |                                                                 |                                                  |                                                 |
| Mode of Operations for                                                                     | or Demat Account                                                                                                                          |                                                                 |                                                  |                                                 |
| We would like to upda<br>Ltd. as below:                                                    | te mode of operation in the D                                                                                                             | emat account number                                             | held                                             | with Zerodha Broking                            |
| Jointly □                                                                                  | Anyone of the holder or survi                                                                                                             | vor(s)                                                          |                                                  |                                                 |
| operations such as tra<br>re-pledge (creation, cl                                          | Mode of Operation for Joint A<br>nsfer of securities including la<br>osure and invocation and con<br>ties and/or specific number of       | nter-Depository Transfer, p<br>firmation thereof as applica     | ledge/hypothecation/mable) of securities and f   | argin pledge/margin                             |
| Yours faithfully,                                                                          |                                                                                                                                           |                                                                 |                                                  |                                                 |
| Pradeep & Fami                                                                             | IV HUE                                                                                                                                    |                                                                 |                                                  |                                                 |
| Pradeep & Fami                                                                             | 001                                                                                                                                       |                                                                 |                                                  |                                                 |
| * Aziatour                                                                                 | Karta                                                                                                                                     | <b>№</b> S2(a)                                                  |                                                  | <b>№</b> T2(a)                                  |
| is a Resident Indian I or all Depositories to                                              | re, the Joint Holders confirm<br>ndividual) of our account to<br>transact as per the e-DIS fac<br>of all such transactions & and          | receive the CDSL TPIN (of<br>cility offered by such Depo        | or any such other similar sitory) on his/her mob | ar PIN as required by any ile/email address for |
| I/We have received an                                                                      | d read the Rights and Obligat                                                                                                             | ions documents and terms                                        | & conditions and agree                           | e to abide by and be bound                      |
|                                                                                            | ye Laws as are in force from<br>knowledge as on the date of n                                                                             |                                                                 | that the particulars give                        | n by me/us above are true                       |
| I/We agree and undert                                                                      | ake to intimate the DP of any                                                                                                             | change(s) in the details/pa                                     | rticulars mentioned by                           | me/us in this form.                             |
|                                                                                            | any false/misleading informa<br>ermination and suitable action                                                                            |                                                                 | opression of any materia                         | al information will render                      |
| Pradeep & Fami                                                                             | ly HUF                                                                                                                                    |                                                                 |                                                  |                                                 |
| Pradeep & Fami                                                                             | Karta                                                                                                                                     | <b>№</b> S2(b)                                                  |                                                  | <b>/</b> T2(b)                                  |
| 17                                                                                         |                                                                                                                                           |                                                                 |                                                  | Sign wherever you see 🎤                         |

## Annexure E

# Option form for issue of DIS booklet Voluntary Date: 0 8 0 7 2 0 25 Client ID First Holder Name PRADEEP & FAMILY HUF Second Holder Name Third Holder Name To. Zerodha Broking Ltd. 153/154, 4th Cross, Dollars Colony, 4th Phase, JP Nagar, Opp. Clarence Public School, Bangalore - 560078. Dear Sir. I/We hereby state that: [select one of the option given below] Option 1: I/We require you to issue Delivery Instruction Slip (DIS) booklet to me / us immediately on opening my / our CDSL account though I/ We have issued a Power of Attorney (POA)/Demat Debit and Pledge Instruction (DDPI) in favour of Zerodha Broking Ltd. for executing delivery instructions for settling stock exchange trades (Settlement related transactions) effected through such Clearing Member. Option 2: I/We do not require the Delivery Instruction Slip(DIS) for the time being, Since I/We have issued a POA/DDPI in favour of Zerodha Broking Ltd. for executing the delivery instructions for settling stock exchange trades [settlement related transaction] effected through such Clearing Member. However, the Delivery Instruction Slip (DIS) booklet should be issued to me / us immediately on my / our request at any later date. I/We hereby select Option 1 Option 2 Pradeep & Family HUF \$ S5 / T5 Karta Optional Client E-mail ID PRADEEPM@GMAIL. COM Client Mobile Number 9900001234 Declaration I hereby declare that the mobile no./email ID mentioned in the Account opening form/ request for change in mobile no./email ID is my own Request letter for registration of mobile no./email ID of person belonging to the client's family Please note that the mobile no./email id/both mentioned in the Account opening form/ request for change in mobile no./email ID belongs to Mr/Mrs./Ms. who is my [relationship with the client] Pradeep & Family HUF

[Only the mobile no./email id of your spouse, dependent children and dependent parents can be registered in your demat account]

Sign wherever you see

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# Voluntary

# Demat Debit and Pledge Instruction ("DDPI")

|            | ee to the terms and purpose of t                                   |                 |                      |                                                                                 |
|------------|--------------------------------------------------------------------|-----------------|----------------------|---------------------------------------------------------------------------------|
| PRA        | ADEEP & FAMILY                                                     | HUF             | (First Holder)       |                                                                                 |
| (Second    | holder) and                                                        |                 |                      | (Third                                                                          |
| holder)_   |                                                                    |                 | an individu          | al/body of individuals/a sole proprietary                                       |
| concern/   | a partnership firm/a body corpo                                    | rate/trust, rec | gistered/incorporat  | ted, under the provisions of the Indian                                         |
| Partners   | hip Act, 1932/the Companies Ac                                     | t 2013, or ar   | ny relevant Act or i | unregistered in nature; and Zerodha                                             |
| with its r | egistered office at Zerodha Brok<br>J.P Nagar 4th Phase, Bengaluru | ing Ltd., #15   | 53/154, 4th Cross,   | in the meaning of Companies Act, 2013<br>, Dollars Colony, Opp. Clarence Public |
| (5.1150)   | I/We have established a busines other services offered by Zerodh   |                 |                      | avail services w.r.t trading, investing &                                       |
|            | ID                                                                 | ;               |                      |                                                                                 |
| 100 (100)  | This DDPI document shall be in<br>April 04, 2022, as may be upda   |                 |                      | BI/HO/MIRSD/DoP/P/CIR/2022/44 dated e to the below points;                      |

# Annexure B

| Particulars                   | DP ID    | Client ID |
|-------------------------------|----------|-----------|
| CDSL BSE Principal A/C        | 12081600 | 00013706  |
| CDSL NSE Pool A/C             | 12081600 | 00000061  |
| CDSL NSE-SLB Early Pay-in A/c | 11000023 | 00000748  |
| CDSL NSE Early Pay-in A/C     | 11000011 | 00019678  |

| Particulars               | DP ID    | Client ID |
|---------------------------|----------|-----------|
| CDSL BSE Early Pay-in A/C | 11000010 | 00023629  |
| NSDL NSE Pool A/C         | IN304287 | 10000004  |
| NSDL BSE Pool A/C         | IN304287 | 10000045  |
| CDSL NSE-SLB Pool A/c     | 12081600 | 23213431  |

| S.N | Purpose                                                                                                                                                                                                                                                                                                | Signature of Client         |            |            |  |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------|------------|--|
| U   | Fulpose                                                                                                                                                                                                                                                                                                | First Holder                | Coparcener | Coparcener |  |
| 1.  | I/We agree and permit Zerodha to transfer any securities held in my beneficial owner account towards any Exchange (any SEBI Recognise) & Fa Exchanges where Zerodha is a member) related deliveries / settlement obligations arising out of trades executed by me/us on the Exchanges through Zerodha; | amily HUF<br>Cudos<br>Karta | Mandest    | Ordonogon  |  |
| 2.  | I/We agree and confirm to allow pledging / repledging of securities in favour of Zerodha and the clearing member (CM) with whom Zerodha is a member of, for the purpose of meeting my/our margin requirements in connection with the trades executed by me/us on the Exchanges.                        | amily HUFood<br>Karta       | 1 Sanda S  |            |  |
| 3.  | I/We agree enabling Mutual Fund transactions by Fa<br>or sell) to be executed via stock exchange operated<br>order entry platforms, such as BSEStar MF & NSE<br>NMF.                                                                                                                                   | Karta                       | Mooratohi  | Coxorando  |  |
| 4.  | I/We agree to enable tendering of shares submitted by me under any open offers via stock exchange platforms                                                                                                                                                                                            | Amily HUF                   | Moonalishi | Coxons     |  |

| Dated | at   | Bangalore on th | is |
|-------|------|-----------------|----|
| Dated | CI L | Dangaiore on th | 13 |

day of

Pradeep & Family HUF

Karta

Moenaloshi.

10 proudent



# **Most Important Terms and Conditions**

- 1. Your trading account has a "Unique Client Code" (UCC), different from your demat account number. Do not allow anyone (including your own stock broker, their representatives and dealers) to trade in your trading account on their own without taking specific instruction from you for your trades. Do not share your internet/mobile trading login credentials with anyone else
- 2. You are required to place collaterals as margins with the stock broker before you trade. The collateral can either be in the form of funds transfer into specified stock broker bank accounts or margin pledge of securities from your demat account. The bank accounts are listed on the stock broker website. Please do not transfer funds into any other account. The stock broker is not permitted to accept any cash from you.
- 3. The stock broker's Risk Management Policy provides details about how the trading limits will be given to you, and the tariff sheet provides the charges that the stock broker will levy on you.
- 4. All securities purchased by you will be transferred to your demat account within one working day of the payout. In case of securities purchased but not fully paid by you, the transfer of the same may be subject to limited period pledge i.e. seven trading days after the pay-out (CUSPA pledge) created in favor of the stock broker. You can view your demat account balances directly at the website of the Depositories after creating a login.
- 5. The stock broker is obligated to deposit all funds received from you with any of the Clearing Corporations duly allocated in your name. The stock broker is further mandated to return excess funds as per applicable norms to you at the time of quarterly/ monthly settlement. You can view the amounts allocated to you directly at the website of the Clearing Corporation(s).
- 6. You will get a contract note from the stock broker within 24 hours of the trade.
- 7. You may give a one-time Demat Debit and Pledge Instruction (DDPI) authority to your stock broker for limited access to your demat account, including transferring securities, which are sold in your account for pay-in.
- 8. The stock broker is expected to know your financial status and monitor your accounts accordingly. Do share all financial information (e.g. income, networth, etc.) with the stock broker as and when requested for. Kindly also keep your email ID and mobile phone details with the stock broker always updated.
- 9. In case of disputes with the stock broker, you can raise a grievance on the dedicated investor grievance ID of the stock broker. You can also approach the stock exchanges and/or SEBI directly.
- 10. Any assured/guaranteed/fixed returns schemes or any other schemes of similar nature are prohibited by law. You will not have any protection/recourse from SEBI/stock exchanges for participation in such schemes.

Pradeep & Family HOF

# HUF Declaration Letter to open a DEMAT Account with Zerodha Broking Limited.

To Zerodha Broking Limited.
#153/154 4th Cross Dollars Colony,
Opp. Clarence Public School,
J.P Nagar 4th Phase, Bangalore - 560078

Dear Sir,
Subject: Declaration of HUF account having Application No.

Name of HUF: PRADEEP & FAMILY HUF

This is with reference to my application for an HUF Trading account to be opened with Zerodha Broking Limited. Being the Karta of the HUF, I hereby declare that the following is the listing of the Coparceners/Members:

| Sr.No. | Name of Family Member | Date of Birth | Sex | Relationship with Karta |
|--------|-----------------------|---------------|-----|-------------------------|
| 1.     | MEENAKSHI             | 30/08/1988    | F   | SPOUSE                  |
| 2.     | PREETHAM, M.P         | 01/01/2020    | M   | SON                     |
|        |                       |               |     |                         |
|        |                       |               |     |                         |
|        |                       |               |     |                         |
|        |                       |               |     |                         |
|        |                       |               |     |                         |

I hereby declare that the particulars given by me as stated above are true to the best of my knowledge as on the date of making this application; AND

I agree that any false/ misleading information given by me or suppression of any material information will render my said account liable for termination and further action. Further I agree that I will immediately intimate any demise or birth in the family as it changes the constitution of the HUF.

Sincerely,

For The HUF as named above,

Pradeep & Family HUF

Signature of the Karta (Affix Seal)

Name of Karta: PRADEEP. M.

# Declaration By Karta & All The Coparceners/Members to Zerodha Broking limited - Annexure 1

Date: 08/07/8085

| To Zerodha Broking limited                               |                 |
|----------------------------------------------------------|-----------------|
| 153/154 4th Cross Dollars Colony,                        |                 |
| Opp. Clarence Public School,                             |                 |
| J.P Nagar 4th Phase, Bangalore - 560078                  |                 |
| Subject: For Demat & Trading account having client code: | ("Client Code") |

Dear Sir/Ma'am,

- having WHEREAS the Hindu Undivided Family the name PRADEEP& FAMILY HUF \_(herein referred to as "The HUF"), having PAN PPARH 1134P is carrying on business in the firm name and style of in BANGALORE ("City of Residence") and we intend to open: (1) a trading account with Zerodha Broking Limited, a broking entity and having membership with NSE & BSE, with SEBI Registration number INZ000031633; (2) a demat account with Zerodha Broking Limited, which uses CDSL as the Depository, having SEBI Registration Number INZ000038238; (3) a commodities account with Zerodha Commodities Private Limited, being a member of MCX (Membership no. 46025), and having SEBI registration number INZ000038238.
- 2. We, the undersigned, confirm and declare that we are the adult coparceners of the family. The Karta of our family is Mr./Mrs. PRADEEP. M (herein referred to as the "Karta of the HUF") and his/her PAN is ABCDE 4567L
- 3. We confirm that affairs of the HUF are carried on mainly by the above named Karta of the HUF on behalf of The HUF. We, The HUF, authorize the above named Karta of the HUF to buy/sell stocks, bonds, shares, mutual funds and securities as per Securities Contract Regulation Act, 1956 and deal in the commodities markets, in any of the exchanges, i.e. NSE/BSE/MCX

WHEREAS; Zerodha Commodities Private Ltd. AND/OR Zerodha Broking Limited be and is hereby authorised to honor instructions, oral or written; given on behalf of The HUF by the above named Karta of the HUF, who is authorised to sell, purchase, transfer, endorse, negotiate documents and/or otherwise deal in securities and/or derivatives and/or commodities on behalf of The HUF;

WHEREAS; The above named Karta of the HUF is also authorized to sign, execute and submit all such applications, undertakings, agreements and other requisite documents, deeds as may be deemed necessary to open the trading, demat and commodities account to give effect to this purpose; AND

WHEREAS; We, all the undersigned Coparceners of The HUF, are however, jointly and severally responsible for all liabilities of The HUF joint family and agree that any claim arising out of the acts of the above named Karta of the HUF shall be recoverable from the assets of any one or all of us and also from the estate of The HUF; including the interest thereon of every Coparcener of the said joint family, including the share of the minor coparceners, if any.

4. We, the undersigned Coparceners and members of The HUF joint family, undertake to notify Zerodha Commodities Private Ltd. AND/OR Zerodha Broking Limited in writing of any change that may occur in the Kartaship or in the constitution of the said HUF joint family. Until receipt of such notice by Zerodha Broking Limited from The HUF, this declaration shall be binding severally and jointlyto all the Coparceners of The HUF joint family and the above named Karta of the HUF.

- 5. We, the undersigned Coparceners and members of The HUF joint family, agree that obligations for share purchase/sale by The HUF on the instruction of the Karta of the HUF, will be handled and completed through transfer to/from the trading, demat and commodities account having the above mentioned subjected Client Code. We recognize and accept transfers made by you to the beneficiary account as completion of obligations by you in respect of trades executed in the above trading account of the HUF.
- 6. The names and addresses of all the Coparceners of The HUF are given below.

| Name      | Son/Daughter/Wife of: | Address   |
|-----------|-----------------------|-----------|
| MEENAKSHI | WIFE                  | BANGALORE |
|           |                       |           |
|           |                       |           |

7. The names and date of births of the present minor Coparceners of The HUF joint family are given below. We, the above mentioned Coparceners and members of The HUF joint family, undertake to inform you in writing as and when each of the said members attain the age of majority and is authorized to act on behalf, of and bind The HUF Firm.

| Father's Name | Date of Birth |  |
|---------------|---------------|--|
| PRADEEP.M     | 01/01/8080    |  |
|               |               |  |

8. We have received and read the rules, undertakings, risks, disclosures as per the Equity and Commodity Application forms and the Annexures therein to the Application forms of Zerodha Broking Limited & Zerodha Commodities Pvt Ltd., for the operating the said trading, demat and commodities account with the subjected Client Code, and we agree to comply with and be bound by the said rules and any changes that may be made therein from time to time.

Sincerely,

Pradeep & Family HUF

Signature of the Karta (Affix Seal)

Name of Karta: PRADEEP M

Name of Coparcener

Signature:

Name of Coparcener

CC: (1) Zerodha Commodities Private Limited (2) Zerodha Broking Limited