

**Zerodha Broking Limited**
**Account details addition/modification/deletion request form (Please fill in all details in BLOCK LETTERS in English)**

Application number: _____	DP ID: _____	Client ID: _____
Trading ID: _____	PAN: _____	Date: _____
<input type="checkbox"/> I/We request to carry out the change of address/signature in the demat account. <input type="checkbox"/> I/We request to carry out the change of address/signature in the KRA and demat account <input type="checkbox"/> I/We request that you make the following additions/modifications/deletions to my/our account in your records.		

**Account holder details**

First/sole holder name:	_____
Second holder name:	_____
Third sole holder name:	_____
Mother's name:	_____

**Details:** Please tick the applicable modification(s). **Type of change:** Please specify if addition, modification, or deletion

Change of A/C Category 
  Signature 
  Date of Birth (DOB) 
  Name 
  Honorific/Gender 
  Marital Status 
  Mobile Number 
  Email ID 
  Nationality 
  Segment to be deactivate 
  Gross Annual Income 
  Occupation 
  Correspondence Address 
  Permanent Address 
  Bank Details 
  BO Sub-status 
  Nominee Name 
  Nominee ID 
  Nominee mobile number 
  Nominee email ID 
 **Type of change:** \_\_\_\_\_

**Existing details:****New details:**

<b>First holder signature:</b>	<b>Second holder signature:</b>	<b>Third holder signature:</b>
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**FOR OFFICE USE ONLY** [In Person Verification (IPV) Details] Name of the Organisation: ZERODHA BROKING LTD.

Date of the IPV: \_\_\_\_\_ Designation: \_\_\_\_\_  
 Employee ID: \_\_\_\_\_  
 Name of the Person who has done the IPV: \_\_\_\_\_  
 Signature of the Person who has done the IPV: \_\_\_\_\_ Seal/Stamp of the Intermediary

**Acknowledgement:** We have received the account modification/addition/deletion request for the account with details below on: \_\_\_\_\_  
 DP ID: \_\_\_\_\_ Client ID: \_\_\_\_\_ Application no: \_\_\_\_\_  
 First/sole holder name: \_\_\_\_\_  
 Second holder name: \_\_\_\_\_  
 Third sole holder name: \_\_\_\_\_  
 Modification request for: \_\_\_\_\_  
 Seal & signature of authorised signatory: \_\_\_\_\_

# Know Your Client (KYC) Application Form - for Individuals

Please fill this form in English and BLOCK Letters

(Please tick the box on the left margin of the appropriate row where CHANGE/CORRECTION is required and provide the details in the corresponding window)

<b>For office use only</b> (To be filled by the financial institution)			
Application Type*	<input type="checkbox"/> New	<input type="checkbox"/> Update	KYC Number <input type="text"/>
Account Type*	<input type="checkbox"/> Normal	<input type="checkbox"/> Simplified (for low risk customers)	<input type="checkbox"/> Small

## A. Identity details

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

**Photograph**  
Please affix your recent passport size photograph and sign across it

 F1

3a. Gender  Male  Female  Transgender 3b. Marital Status  Single  Married  Other 3c. DOB

4a. Citizenship  Indian  Other \_\_\_\_\_ (ISO 3166 Country Code )

4b. Residential Status  Resident Individual  Non Resident Indian  Person of Indian Origin  Foreign National

**Tick if applicable**  Residence for tax purposes in jurisdiction(s) outside India

ISO 3166 Country Code of Jurisdiction of residence  Place of birth \_\_\_\_\_

Tax Identification Number or Equivalent  ISO3166 Country Code of Birth

5a. PAN

5b. Unique Identification Number (UID) / AADHAR

6. Proof of Identity Submitted  Pan Card  Other (Please Specify) \_\_\_\_\_

## B. Address details

1. Contact Details

Telephone (Office)		Mobile No	
Telephone (Residence)		Email ID	

2. Residence/Correspondence Address Address Type:  Residential  Business  Unspecified

Address			
City/Town	District	Pin Code	
State/U.T Code	Country/ISO Code		
Specify the Proof of Address Submitted for Residence / Correspondence Address			

## C. DECLARATION

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

F2 Client Signature

Date :

## FOR OFFICE USE ONLY

In Person Verification (IPV) Details:

Name of the Person who has done the IPV: \_\_\_\_\_

Designation: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Name of the Organization: ZERODHA BROKING LTD.

Date of the IPV:

Signature of the Person who has done the IPV

Seal/Stamp of the Intermediary

Originals Verified and Self-Attested Document Copies Received

Date

Signature of the Authorized Signatory

Sign wherever you see

3. Permanent Address

Address									
City/Town				District			Pin Code		
State/U.T Code					Country/ISO Code				

 4. Address in the jurisdiction details where applicant is resident outside India for tax purpose (if applicable)

Address									
City/Town				District			Pin Code		
State/U.T Code					Country/ISO Code				

**D. Details of related person** (In case of additional related persons, please fill below details)

 Addition of Related Person    Deletion of Related Person

 KYC Number of Related Person (if available)                     

 Related Person Type    Guardian of Minor    Assignee    Authorized Representative

Name									

(If KYC number &amp; name are provided, below details are optional)

**Proof Of Identity Of Related Person**

Identity Proof Submitted					Number				

 Expiry Date :          

Others (any document notified by the Central Govt.)					Identification No				
Simplified Measures Account-Document Type Code					Identification No				

**Trading account related details**
**A. Bank account details**

 Account Type: Savings    Current    Others    |   In case of NRI Account: NRE    NRO 

Bank Name									
Branch Address									
Account Number									
MICR Number					IFSC Code				

**B. Other details**

Gross Annual Income Details (please specify): Income Range per annum

 Below Rs 1 Lakh    1-5 Lakh    5-10 Lakh    10-25 Lakh    25 Lakh - 1 Cr    >1Cr 

Or Net-worth as on \_\_\_\_\_ date \_\_\_\_\_ (Net worth should not be older than 1year)

**Occupation**

 Private Sector    Public Sector    Government Service    Business    Professional    Agriculturist    Retired 

 Housewife    Student    Self Employed    Others (please specify) \_\_\_\_\_

 Mode in which you wish to receive the RDD, Rights & Obligations, and Guidance Note:   Physical    Electronic 

 Please tick, if applicable: Politically Exposed Person (PEP)    Related to a Politically Exposed Person (PEP) 

In what capacity do you trade commodities?

 Farmer/Farmer Producer Organisation    Value Chain Participant    Others

## Know Your Client (KYC)

### Application Form



CDSL VENTURES LIMITED  
...Exploring New Horizons



Please fill the form in ENGLISH and in BLOCK

letters Fields marked \* are mandatory

Fields marked \* are pertaining to CKYC and mandatory only if processing CKYC also

Application Number:

Application Type: Without Supporting KYC Modification

**KYC Mode\*:** Please Tick (☑)

Normal  EKYC OTP  EKYC Biometric  Online KYC  Offline EKYC  Digilocker

### 1. Identity Details (please refer guidelines overleaf)

PAN\* \_\_\_\_\_

Name (same as ID proof)

Fathers/Spouse's Name \_\_\_\_\_

Marital Status  Single  Married

### 2. Contact Details (in CAPITAL)

Email ID \_\_\_\_\_

Mobile

No. \_\_\_\_\_

Tel (Off) \_\_\_\_\_ Tel (Res) \_\_\_\_\_

### 3. Applicant Declaration

I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take 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.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

DATE: \_\_\_\_\_(DD-MM-YYYY)

PLACE:

Applicant e-SIGN

Applicant Wet Signature

### 4. For Office Use Only

Intermediary Details (Name and Stamp)\*



Institution Name and Stamp