

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

Application number: _____	DP ID: <u>120816XX</u>	Client ID: <u>XXXXXXXXXX</u>
Trading ID: <u>ABC123</u>	PAN: <u>AAXXXXXXD</u>	Date: _____
<input checked="" type="checkbox"/> I/We request to carry out the change of address/signature in the demat account. <input checked="" type="checkbox"/> I/We request to carry out the change of address/signature in the KRA and demat account 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:	<u>ABC HUF</u>
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: MODIFICATION

Existing details: ABCD@XYZ.COM
82XXXXXX01

New details: JKLM@NOP.COM
91XXXXXX33

First holder signature: FOR ABC HUF <u>Ree</u> KARTA	Second holder signature: 	Third holder signature:
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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 Non Individuals

NEW CHANGE REQUEST (Please tick ✓ the appropriate)

Acknowledgement No. _____



Please fill this form in **ENGLISH** and in **BLOCK LETTERS**

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

A IDENTITY DETAILS

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

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

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

4a. PAN **AAXXXXXXXD**

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

5. Status (Please tick ✓ the appropriate)

<input type="checkbox"/> Private Limited Co.	<input type="checkbox"/> Public Ltd. Co.	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
<input type="checkbox"/> Charities	<input type="checkbox"/> NGO's	<input type="checkbox"/> FI	<input type="checkbox"/> FII	<input type="checkbox"/> HUF
<input type="checkbox"/> AOP	<input type="checkbox"/> Bank	<input type="checkbox"/> Government Body	<input type="checkbox"/> Non-Government Organization	<input type="checkbox"/> Defense Establishment
<input type="checkbox"/> BOI	<input type="checkbox"/> Society	<input type="checkbox"/> LLP	<input type="checkbox"/> FPI - Category I	<input type="checkbox"/> FPI - Category II
<input type="checkbox"/> FPI - Category III	<input type="checkbox"/> Others (Please specify) _____			

B ADDRESS DETAILS

1. Address for Correspondence

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

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

3. Contact Details

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

4. Registered Address (If different from above)

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

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

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

2a. DIN of whole time directors : _____

2b. Aadhar number of Promoters/Partners/Karta : _____

D DECLARATION

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

FOR ABC HUF

KARTA

Date: **XX / X X / X X X X** Name & Signature of the Authorised Signatory _____

FOR OFFICE USE ONLY

In Person Verification (IPV) Details:

Name of the person who has done the IPV: _____

Designation: _____ Employee ID: _____

Name of the organisation: Zerodha Broking Limited

Date of IPV: ____ / ____ / ____ Signature of the person who has done the IPV _____ Seal/Stamp of the Intermediary _____

Originals Verified and Self Attested Document copies received

Date _____ Name and Signature of the Authorised Signatory _____