

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

Application number: _____	DP ID: <b>12081600</b>	Client ID: <b>00000077</b>
Trading ID: <b>ABC123</b>	PAN: <b>ABCDE1234D</b>	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:	<b>VARUN M</b>
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

**Details:**  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:**

9998887776

ABCD@GMAIL.COM

**New details:**

1112223334

XYZ@GMAIL.COM

<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)

**For office use only** (To be filled by the financial institution)

Application Type\*  New  Update  KYC Number

Account Type\*  Normal  Simplified (for low risk customers)  Small



**A. Identity details**

1. Name (Same as ID Proof) VARUN M

1a. Maiden Name (If any) \_\_\_\_\_

2. Father's/Spouse's Name VA

2a. Mother's Name \_\_\_\_\_

3a. Gender  Male  Female  Transgender 3b. Marital Status  Single  Married  Other 3c. DOB 01011995

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 A B C D E 1 2 3 4 5

5b. Unique Identification Number (UID) / AADHAAR XXXXXXXXXX1234

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

**B. Address details**

1. Contact Details

Telephone (Office)		Mobile No	<u>1112223334</u>
Telephone (Residence)		Email ID	<u>xy2@lmaul.com</u>

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.

Date : DDMMYYYY

VARUN  
Client Signature

**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: DDMMYYYY 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 \_\_\_\_\_

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

Proof Of Identity Of Related Person

Identity Proof Submitted					Number				
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 Expiry Date : 

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

**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\* ABCDE1234D

Name (same as ID proof) VARUN M

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

Marital Status  Single  Married

**2. Contact Details (in CAPITAL)**

Email ID XYZ@gmail.com

Mobile \_\_\_\_\_

No. 111 222 333 4

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

VARUN

**4. For Office Use Only**

Intermediary Details (Name and Stamp)\*



100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200