

Addendum to Individual Account opening form 7 December 2015

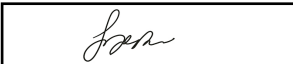
Annexure to Account opening Form for Individuals containing information for reporting requirement under Section 285BA of the Income-tax Act, 1961 and KYC.

Background:

1. India has joined the Multilateral Competent Authority Agreement (MCAA) on Automatic Exchange of Financial Account Information (AEOI) on June 3, 2015 and has agreed to certain global standards on automatic exchange of information, known as Common Reporting Standards (CRS). Further, the Government of India (GoI) signed an Inter-Governmental Agreement (IGA) with United States of America (USA) on July 9, 2015 to improve international tax compliance and to implement Foreign Account Tax Compliance Act (FATCA) in India.
2. To implement the CRS on AEOI and also the IGA with USA, the GoI has made necessary amendments in Section 285BA of the Income-tax Act, 1961 and notified Rules 114F to 114H in the Income-tax Rules, 1962 vide amendment dated August 7, 2015. These Rules are available on: <http://www.incometaxindia.gov.in>.
3. SEBI has issued a circular dated August 26, 2015 advising all registered intermediaries to implement FATCA and CRS as per above mentioned Rules.

We do understand that the information mentioned above is technical in nature and hence we advise you to consult your financial or tax advisor for more details.

Applicant's Name : DINESH KUMAR											
Client Id / Form No : ABC123			Father's name : RAMESH KUMAR								
PAN : ABCDE1234F		Place of Birth(City) : BANGALORE		Country of Birth : INDIA							
Gender : <input checked="" type="checkbox"/> M – Male <input type="checkbox"/> F – Female <input type="checkbox"/> O – Others		Nationality : <input checked="" type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify the name of country) :									
Occupation Type:		<input checked="" type="checkbox"/> Service <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/> Not Categorized									
Address Type : <input type="checkbox"/> Residential Or Business <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified											
City/ Town : NEW YORK			State : NEW YORK								
Country : USA			Postal Code: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td></td><td></td></tr></table>			1	2	3	4		
1	2	3	4								
<p>1. Declaration of Tax Residency / Citizenship Country of tax residence India - Yes / No. 2. Tax resident of Multiple Countries – Yes / No If tax resident of multiple countries, kindly provide information of tax residence of all countries. If Point 1 is Yes and Point 2 is No, no further information required to be provided. If Point 1 is No OR if both Point 1 and 2 are Yes, then the following should be provided along with with documentary evidence:</p>											
Country/countries of tax residency		Tax Identification Number (TIN)/ functional equivalent number	TIN / functional equivalent Issuing Country	Documents provided (copy of certificate of tax residence or copy of TIN or others)	Date upto which the documentary evidence is valid						
USA		12345678	USA								



Signature of the Applicant

Remarks if any :


Declaration and Undertakings

The Customer/account holder certifies that:

- a. The information provided in the Form is in accordance with Section 285BA of the Income Tax Act, 1961 read with Rules 114F to 114H of the Income-tax Rules, 1962.
- b. the information provided by me/us in the Form, its supporting Annexures as well as in the documentary evidence provided by me/us are, to the best of our knowledge and belief, true, correct and complete and that I/we have not withheld any material information that may affect the assessment/categorization of the account as a Reportable account or otherwise.
- c. I/We permit/authorise the Company to collect, store, communicate and process information relating to the Account and all transactions therein, by the Company and any of its affiliates wherever situated including sharing, transfer and disclosure between them and to the authorities in and/or outside India of any confidential information for compliance with any law or regulation whether domestic or foreign.
- d. I / We undertake the responsibility to declare and disclose within 30 days from the date of change, any changes that may take place in the information provided in the Form, its supporting Annexures as well as in the documentary evidence provided by us or if any certification becomes incorrect and to provide fresh self certification alongwith documentary evidence.
- e. I / We also agree that our failure to disclose any material fact known to us, now or in future, may invalidate our application and the Company would be within its right to put restrictions in the operations of my/our account or close it or report to any regulator and/or any authority designated by the Government of India (GOI) /Reserve Bank of India for the purpose or take any other action as may be deemed appropriate by the Company if the deficiency is not remedied by us within the stipulated period.
- f. I / We hereby accept and acknowledge that the Company shall have the right and authority to carry out investigations from the information available in public domain for confirming the information provided by me / us to the Company.
- g. It shall be my responsibility / our responsibilities to educate myself / ourselves and to comply at all times with all relevant laws relating to reporting under Section 285BA of the Act read with the Rules thereunder.
- h. I/We also agree to furnish such information and/or documents as the Company may require from time to time on account of any change in law either in India or abroad in the subject matter herein.
- i. I/We shall indemnify the Company for any loss that may arise to the Company on account of providing incorrect or incomplete information.

Date : 23-06-2026

Place: NEW YORK



Signature of the Applicant

FEMA Declaration

To,
Zerodha Broking limited
153/154, 4th Cross, Dollars Colony,
Opp. Clarence Public School,
JP Nagar 4th Phase,
Bangalore – 560078

Dated

23-06-2026

Dear Sir,

Re: Application Number: _____

Sub: Application for opening of an NRI/FN/FCB account

This has reference to my/our application for opening of a trading & demat account with you.

In this connection, I/we hereby declare that I/we have complied and will continue to comply with FEMA Regulations with respect to buying and selling of securities in the Indian Capital Market.

Thanking you,

Yours truly,

Signature of the First/Sole Holder/Authorised signatory



Annexure B

Correction in the name of Individual Demat Account Holder

Depository Participant Name / Address
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Application No.		Date	2	3	0	6	2	0	2	6
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Dear Sir/Madam,

I/We hereby request you to carry out the correction in my/our name in the following demat account no:

Please fill all the details in Block Letters in English

DP ID	1	2	0	8	1	6	0	0	Client ID	1	2	3	4	5	6	7	8
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Account Holder's Details	
Name of First / Sole Holder	DINESH KUMAR
Name of Second Holder	
Name of Third Holder	

Correction in name of the 1st [1st/2nd/3rd] holder.

Name as recorded in demat account	DINESH KUMARA
Correction in name to be updated in demat account	DINESH KUMAR


Reason for minor correction (please tick any one)

Expansion of initials
 Addition of middle name
 Abbreviation to initials
 Correction of spelling mistakes

I hereby state that the above specified reason is for correction in name of my/our demat account and the same is not on account of change in name due to marriage, divorce, court order, numerology or any other reasons.

Specify the proof of identity submitted in support of correction in name.

PAN card
 AADHAAR card
 Passport
 Driving License
 Voter's ID

	First/Sole Holder	Second Holder	Third Holder
Name	DINESH KUMAR		
Signature			

Note: To be signed by the demat account holder whose name is to be corrected in the CDSL system.

===== **(Please Tear Here)** =====

Acknowledgement Receipt

Received Account Details Addition / Modification / Deletions request as per details given below:

Application No.		Date	D	D	M	M	Y	Y	Y	Y
DP ID		Client ID								
Name of the Sole First Holder										
Name of Second joint Holder										
Name of Third joint Holder										
Modification requested for: [Specify reason]										

Depository Participant Seal and Signature

Client Details Form

Name as per ITR	DINESH KUMAR
Mobile number	+1 67890123
Email ID	DINESHXXXXX@GMAIL.COM

Mother's name	SHOBHA
Occupation	<input checked="" type="checkbox"/> Private sector <input type="checkbox"/> Public sector <input type="checkbox"/> Government service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Self-Employed <input type="checkbox"/> Others (please specify) _____
Gross annual income	<input type="checkbox"/> 1-5 lakhs <input type="checkbox"/> 5-10 lakhs <input type="checkbox"/> 10-25 lakhs <input checked="" type="checkbox"/> 25-1 crore <input type="checkbox"/> > 1 crore
Marital status	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced

Account type	<input type="checkbox"/> NRE PIS <input checked="" type="checkbox"/> NRO Non-PIS
Tax Identification Number (TIN)	12345678

Demat Debit and Pledge Instruction (DDPI)	
Do you wish to send a duly signed Demat Debit and Pledge Instruction (DDPI) Form?	
<input type="checkbox"/> Yes, I wish to send a duly signed hard copy of the DDPI form. <input checked="" type="checkbox"/> No, I confirm to enable the CDSL TPIN facility.	

Address to be registered	
Correspondence Address	<input type="checkbox"/> Indian address <input checked="" type="checkbox"/> Overseas address Proof submitted: <u>DRIVING LICENCE</u>
Permanent Address	<input checked="" type="checkbox"/> Indian address <input type="checkbox"/> Overseas address Proof submitted: <u>PASSPORT</u>

KRA verified confirmation	
<input type="checkbox"/> As my KRA is verified under the NRI category and I acknowledge that all details correspond with my current KYC documents, I would like to confirm that you may process my application form in accordance with my verified KRA details. <input checked="" type="checkbox"/> I am dispatching all my KYC documents [PAN, Passport, Visa, Overseas proof, and Indian address proof] physically notarised and self-attested.	

Have you created a ticket with the scanned copy of your documents for validation?	
<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, Ticket number: <u>81256</u>	

Date: 23-06-2026

From

DINESH KUMAR

NEW YORK USA - 1234

To Zerodha Broking Ltd

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

Subject: Confirmation of differences in name

Sir/ Madam,

With reference to the above subject, my name as per PAN Card is

DINESH KUMARA

and on my

Address proof / banker proof / Aadhaar (E-sign) / ITD record [✓] (*Please scratch the unnecessary*),

the name is DINESH KUMAR.

I would like to represent and warrant that both the documents belong to me and any discrepancy or damages arising to Zerodha Broking Ltd or any of its Affiliates, in any manner from any such representations, shall be indemnified by me.

Thank you for your kind cooperation.

Sincerely,

Signature of Requester: 

Name of Requester: DINESH KUMAR

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>12081600</u>	Client ID: <u>12345678</u>
Trading ID: <u>ABC123</u>	PAN: <u>ABCDE1234F</u>	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:	<u>DINESH KUMAR</u>
Second holder name:	_____
Third sole holder name:	_____
Mother's name:	<u>SHOBHA</u>

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
 Honoric/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: Account category

Existing details: Resident Individual
New details: NRI

First holder signature: 	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: _____