

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 :				
Client Id / Form No :		Father's name :		
PAN :		Place of Birth(City) :		Country of Birth :
Gender : <input type="checkbox"/> M – Male <input type="checkbox"/> F – Female <input type="checkbox"/> O – Others	Nationality : <input type="checkbox"/> Indian <input type="checkbox"/> Other (Please specify the name of country) :			
Occupation Type:	<input 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 type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified				
City/ Town :		State :		
Country :		Postal Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
<p>1. <b>Declaration of Tax Residency / Citizenship</b> Country of tax residence India - Yes / No.</p> <p>2. Tax resident of Multiple Countries – Yes / No</p> <p>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>				
<b>Country/countries of tax residency</b>	<b>Tax Identification Number (TIN)/ functional equivalent number</b>	<b>TIN / functional equivalent Issuing Country</b>	<b>Documents provided (copy of certificate of tax residence or copy of TIN or others)</b>	<b>Date upto which the documentary evidence is valid</b>

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

Place: \_\_\_\_\_

**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

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

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**Annexure B**

**Correction in the name of Individual Demat Account Holder**

<b>Depository Participant Name / Address</b>
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Application No.		Date	D	D	M	M	Y	Y	Y	Y
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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		Client ID								
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<b>Account Holder's Details</b>	
Name of First / Sole Holder	
Name of Second Holder	
Name of Third Holder	

Correction in name of the \_\_\_\_\_ [1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup>] holder.

Name as recorded in demat account	
Correction in name to be updated in demat account	

**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			
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	
Mobile number	
Email ID	

Mother's name	
Occupation	<input 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 type="checkbox"/> 25-1 crore <input type="checkbox"/> > 1 crore
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced

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

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 type="checkbox"/> No, I confirm to enable the CDSL TPIN facility.	

Address to be registered	
Correspondence Address	<input type="checkbox"/> Indian address <input type="checkbox"/> Overseas address Proof submitted: _____
Permanent Address	<input type="checkbox"/> Indian address <input type="checkbox"/> Overseas address Proof submitted: _____

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 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 type="checkbox"/> Yes, Ticket number: _____	

Date: \_\_\_\_\_

**From**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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

\_\_\_\_\_ and on my  
Address proof / banker proof / Aadhaar (E-sign) / ITD record (*Please scratch the unnecessary*),  
the name is \_\_\_\_\_.

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: \_\_\_\_\_

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