

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:**

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: _____

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*	<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)	<input type="text"/>
	1a. Maiden Name (If any)	<input type="text"/>
<input type="checkbox"/>	2. Father's/Spouse's Name	<input type="text"/>
	2a. Mother's Name	<input type="text"/>

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)	<input type="text"/>	Mobile No	<input type="text"/>
Telephone (Residence)	<input type="text"/>	Email ID	<input type="text"/>

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

Address <input type="text"/>			
City/Town	<input type="text"/>	District	<input type="text"/>
State/U.T Code	<input type="text"/>	Pin Code	<input type="text"/>
Specify the Proof of Address Submitted for Residence / Correspondence Address		Country/ISO Code	<input type="text"/>

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 & 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