

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: _____
☐ I/We request to carry out the change of address/signature in the demat account.
☐ 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:	
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 ☐ 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:** _____

Existing details:**New details:****First holder signature:****Second holder signature:****Third holder signature:****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: _____
Intermediary

Seal/Stamp of the

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																								
☐	2a. Date of incorporation	D	D	/	M	M	/	Y	Y	Y	Y	2b. Place of incorporation													
☐	3. Date of commencement of business	D	D	/	M	M	/	Y	Y	Y	Y														
☐	4a. PAN																								
☐	4b. Registration No. (e.g. CIN)																								
☐	5. Status (Please tick ✓ the appropriate)																								
	☐ Private Limited Co.	☐ Public Ltd. Co.	☐ Body Corporate	☐ Partnership	☐ Trust																				
	☐ Charities	☐ NGO's	☐ FI	☐ FII	☐ HUF																				
	☐ AOP	☐ Bank	☐ Government Body	☐ Non-Government Organization	☐ Defense Establishment																				
	☐ BOI	☐ Society	☐ LLP	☐ FPI - Category I	☐ FPI - Category II																				
	☐ FPI - Category III	☐ 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																
	E-Mail Id.																																	
☐	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.

Date:

D	D	/	M	M	/	Y	Y	Y	Y
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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:

D	D	/	M	M	/	Y	Y	Y	Y
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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

1. Name 2. Relationship with Applicant <i>(i.e. promoters, whole time directors etc.)</i> 3a. PAN 3b. DIN 3c. Aadhar (UID) Number 4. Residential/ Registered Address City / Town / Village State Country Pin Code	PHOTOGRAPH Please affix your recent passport size photograph and sign across it
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1. Name 2. Relationship with Applicant <i>(i.e. promoters, whole time directors etc.)</i> 3a. PAN 3b. DIN 3c. Aadhar (UID) Number 4. Residential/ Registered Address City / Town / Village State Country Pin Code	PHOTOGRAPH Please affix your recent passport size photograph and sign across it
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Name & Signature of the Authorised Signatory (ies)

Date: / /