ZERODHA

Zerodha Broking Limited

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

Application number: _____ DP ID: 12081600 Client ID: 11XXXX11
Trading ID: ABC123 PAN: AAXXXXXXXD 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:	ABC PVT LTD
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:

ACC123@GMAIL.COM

77XXXXXX15

New details:

DEF777@GMAIL.COM

98XXXXXX30

For Company/Firm Name

First holder signature:	**Second holder signature:**	**Third holder signature:**
Authorized signatory		

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 Non Individuals*

☐ NEW ☐ CHANGE REQUEST (Please tick ✓the appropriate) | Acknowledgement No. | ZERODHA

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: ABC PVT LTD

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: AAXXXXXXXD

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: 98XXXXXX30
E-Mail Id: DEF777@GMAIL.COM

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.

For Company/Firm Name

Authorized signatory

Date: DXX / XXM / XXXXY Y 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

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