

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: 00000077
Trading ID: ABC123	PAN: ABCDE1234D	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:	VARUN M
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 ☐ Honorary/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:

9998887776

ABCD@GMAIL.COM

New details:

1112223334

XYZ@GMAIL.COM

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* ☐ New ☐ Update KYC Number
 Account Type* ☐ Normal ☐ Simplified (for low risk customers) ☐ Small

A. Identity details

☐	1. Name (Same as ID Proof)	VARUN M
	1a. Maiden Name (If any)	
☐	2. Father's/Spouse's Name	
	2a. Mother's Name	

☐ 3a. Gender ☒ Male ☐ Female ☐ Transgender 3b. Marital Status ☐ Single ☒ Married ☐ Other 3c. DOB 01/01/1995
☐ 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 ABCDE1234D

5b. Unique Identification Number (UID) / AADHAAR XXXXXXXXXX1234

6. Proof of Identity Submitted ☐ Pan Card ☐ Other (Please Specify)

B. Address details

☒ 1. Contact Details

Telephone (Office)	Mobile No	1112223334
Telephone (Residence)	Email ID	xy2@lma1.com

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

Address			
City/Town	District	Pin Code	
State/U.T Code	Country/ISO Code		
Specify the Proof of Address Submitted for Residence / Correspondence Address			

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.

Date: DDMMYY

VARUN
F2
Client Signature

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: DDMMYY

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

☐ 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										
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(If KYC number & name are provided, below details are optional)

Proof Of Identity Of Related Person

Identity Proof Submitted					Number													
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Expiry Date :

Others (any document notified by the Central Govt.)					Identification No									
Simplified Measures Account-Document Type Code					Identification No									

Know Your Client (KYC)**Application Form**

Please fill the form in ENGLISH and in BLOCK

letters. Fields marked * are mandatory

Fields marked * are pertaining to CKYC and mandatory only if processing CKYC also

**CDSL VENTURES LIMITED**

Exploring New Horizons



Application Number: _____

Application Type: Without Supporting KYC Modification

KYC Mode*: Please Tick (☑)☐ Normal☐ EKYC OTP☐ EKYC Biometric☐ Online KYC☐ Offline EKYC☐ Digilocker**1. Identity Details** (please refer guidelines overleaf)PAN* ABCDE1234DName (same as ID proof) VARUN M

Fathers/Spouse's Name _____

Marital Status ☐ Single ☒ Married**2. Contact Details (in CAPITAL)**Email ID XYZ @ gmail . com

Mobile _____

No. 111 222 333 4

Tel (off) _____ Tel (Res) _____

3. Applicant Declaration

I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.

I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.

I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card 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 have a business relationship for KYC purposes only.

DATE: _____ (DD-MM-YYYY)

PLACE: _____

Applicant e-SIGN

Applicant Wet Signature

VARUN**4. For Office Use Only**

Intermediary Details (Name and Stamp)*

Digitally Signed by:
Varun M
Date: 15-05-2026
03:36 pm