

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

Application number: _____	DP ID: <u>12081600</u>	Client ID: <u>XXXXXXXXXX</u>
Trading ID: <u>ZTXXXXX</u>	PAN: <u>AGANE8174N</u>	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:	<u>GANESH NAYAK</u>
Second holder name:	
Third sole holder name:	
Mother's name:	<u>BHAYANI</u>

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:** MODIFICATION

Existing details:

INDIA

New details:

USA

First holder signature: <u>Ganesh</u>	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)	GANESH NAYAK	
	1a. Maiden Name (If any)		
☐	2. Father's/Spouse's Name	PADMANABHA NAYAK	
	2a. Mother's Name	BHAVANI	



☐ 3a. Gender ☒ Male ☐ Female ☐ Transgender 3b. Marital Status ☒ Single ☐ Married ☐ Other 3c. DOB 10121991
☐ 4a. Citizenship ☐ Indian ☒ Other USA (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 AGANE8174N

5b. Unique Identification Number (UID) / AADHAR

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

B. Address details

1. Contact Details

Telephone (Office) Mobile No 8971707375
Telephone (Residence) Email ID Ganesh@GMAIL.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

Ganesh
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

Sign wherever you see

Address		SAME AS ABOVE									
City/Town		District				Pin Code					
State/U.T Code		Country/ISO Code									

☐

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[illegible]

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

[illegible]

Expiry Date :

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[illegible]

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 1 year)

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 ☐