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: XXXXXXXX
Trading ID: XD XXXX PAN: ABCDE1234F 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 MAHESH |
| Second holder name: | |
| Third sole holder name: | |
| Mother's name: | SUNANDA |

**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:**
Dr#123, Dollars Colony,
J.P. Nagar, 4th Phase, Bengaluru
560078,

**New details:**
Dr#456, Dollars Colony,
J.P. Nagar, 4th Phase, Bengaluru,
560078,

| **First holder signature:** | **Second holder signature:** | **Third holder signature:** |
|---|---|---|
| Varun | | |

**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: _____

ZERODHA

# 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 MAHESH |
| 1a. Maiden Name (If any) | |
| ☐ 2. Father's/Spouse's Name | MAHESH |
| 2a. Mother's Name | SUNANDA |

☐ 3a. Gender ☑ Male ☐ Female ☐ Transgender 3b. Marital Status ☑ Single ☐ Married ☐ Other 3c. DOB 21051995

☐ 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 ABCDE1234F

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 | +91-9876543210 |
| Telephone (Residence) | | Email ID | ABCDEF1234@GMAIL.COM |

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

| | | | | | |
|---|---|---|---|---|---|
| Address | Dr #456 DOLLARS COLONY J.P.NAGAR 3rd PHASE | | | | |
| City/Town | BANGALORE | District | BANGALORE | Pin Code | 560078 |
| State/U.T Code | KARNATAKA | | | Country/ISO Code | INDIA |
| Specify the Proof of Address Submitted for Residence / Correspondence Address | Aadhar / Passport / DL / Voter ID | | | | |

## C. DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake 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 aware that I may be held liable for it.

I hereby consent to receiving information from Central KYC Registry through SMS/email on the above registered number/email address.

F2 Client Signature

Date : 21102023

**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: 21102023 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

ZERODHA

☑ 3. Permanent Address

| | | | | | |
|---|---|---|---|---|---|
| Address | SAME AS ABOVE | | | | |
| 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 ☐