

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>XXXXXX</u>
Trading ID: <u>ABC378</u>	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:	<u>AKSHITH N</u>
Second holder name:	
Third sole holder name:	
Mother's name:	<u>SUJATHA</u>

Details: Please tick the applicable modification(s). **Type of change:** Please specify if addition, modification, or deletion

☐ 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:

SLR4FL
5 ROSEBAY
AVENUE WEXHAM
SLOUGH
UNITED KINGDOM

New details:

98 VAN LIEW
CT EAST
BRUNSWICK
NEWJERSEY
USA-0816

First holder signature: <u>A</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)	AKSHITH N
	1a. Maiden Name (If any)	
☐	2. Father's/Spouse's Name	RAVI KUMAR
	2a. Mother's Name	SUJATA



☐ 3a. Gender ☒ Male ☐ Female ☐ Transgender 3b. Marital Status ☒ Single ☐ Married ☐ Other 3c. DOB 11/01/1995

☐ 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 ABCDA3456A

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	9292929292
Telephone (Residence)	Email ID	AKSHITHN@GMAIL.COM

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

Address		98 VAN LIEW CT	
City/Town	District	Pin Code	0816
State/U.T Code	Country/ISO Code	USA	
Specify the Proof of Address Submitted for Residence / Correspondence Address		BANK STMT	

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: 30/05/2024


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				191 E DOLLARS COLONY JP NAGAR 4TH PHASE													
City/Town		BANGALORE				District						Pin Code		560078			
State/U.T Code		KARNATAKA				Country/ISO Code				INDIA							

☐ 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 ☐