

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>XXXXXXXY</u>
Trading ID: <u>XD XXXX</u>	PAN: <u>ABCDE1234F</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>VARUN MAHESH</u>
Second holder name:	
Third sole holder name:	
Mother's name:	<u>SUNANDA</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 ☐ 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:

Varun

New details:

Pam

First holder signature:	Second holder signature:	Third holder signature:
<u>Pam</u>		

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 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 21/05/1995
☐ 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 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	ABCDE1234@GMAIL.COM

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

Address DP # 456 DOLLARS COLONY J.P. NAGAR			
3rd PHASE			
City/Town	BANGALORE	District	BANGALORE
State/U.T Code	KARNATAKA	Pin Code	560078
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.

Date: 21/10/2023


 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: 21/10/2023

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 

☒ 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	
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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	

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																				

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 ☐