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: _____ Client ID: _____
Trading ID: _____ 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:	
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 ☐ 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:**_____
Reason for change: _____

Existing details:

New details:

First holder signature:	**Second holder signature:**	**Third holder signature:**

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

Photograph

Please affix your recent passport size photograph and sign across it

F1

☐ 3a. Gender ☐ Male ☐ Female ☐ Transgender 3b. Marital Status ☐ Single ☐ Married ☐ Other 3c. DOB D D M M Y Y Y Y

☐ 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

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	
Telephone (Residence)		Email ID	

☐ 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.

F2 Client Signature

Date : D D M M Y Y Y Y

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: D D M M Y Y Y Y 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					
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 : D D M M Y Y Y Y

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 ☐

Sign wherever you see

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* _____

Name (same as ID proof)

Fathers/Spouse's Name _____ _____ _____ _____

Marital Status ☐ Single ☐ Married

2. Contact Details (in CAPITAL)

Email ID _____

Mobile No. _____ _____

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

4. For Office Use Only

Intermediary Details (Name and Stamp)*

ZERODHA BROKING LTD.

Institution Name and Stamp