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: _____

KNOW YOUR CLIENT (KYC) Application Form - *For Non Individuals*

☐ **NEW** ☐ **CHANGE REQUEST** (Please tick ✓the appropriate)

Acknowledgement No.

ZERODHA

Please fill this form in ***ENGLISH*** and in ***BLOCK LETTERS***

(Please tick ✓the box on left margin of appropriate row where ***CHANGE/CORRECTION*** is required and provide the details in the corresponding row)

A IDENTITY DETAILS

☐ **1. Name of the Applicant**

☐ **2a. Date of incorporation** D D / M M / Y Y Y Y **2b. Place of incorporation**

☐ **3. Date of commencement of business** D D / M M / Y Y Y Y

4a. PAN

☐ **4b. Registration No. (e.g. CIN)**

☐ **5. Status** (Please tick ✓the appropriate)

☐ Private Limited Co.	☐ Public Ltd. Co.	☐ Body Corporate	☐ Partnership	☐ Trust
☐ Charities	☐ NGO's	☐ FI	☐ FII	☐ HUF
☐ AOP	☐ Bank	☐ Government Body	☐ Non-Government Organization	☐ Defense Establishment
☐ BOI	☐ Society	☐ LLP	☐ FPI - Category I	☐ FPI - Category II
☐ FPI - Category III	☐ Others (Please specify)			

B ADDRESS DETAILS

☐ **1. Address for Correspondence**

City / Town / Village — Pin Code

State — Country

2. Specify the Proof of Address submitted for Correspondence Address:

☐ **3. Contact Details**

Tel. (Off.) — Fax

Tel. (Res.) — Mobile No

E-Mail Id.

☐ **4. Registered Address** (If different from above)

City / Town / Village — Pin Code

State — Country

C OTHER DETAILS (If space is insufficient, enclose these details separately [Illustrative format enclosed])

☐ **1.** Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:

☐ **2a.** DIN of whole time directors :

2b. Aadhar number of Promoters/Partners/Karta :

D 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: D D / M M / Y Y Y Y — Name & Signature of the Authorised Signatory

FOR OFFICE USE ONLY

In Person Verification (IPV) Details:

Name of the person who has done the IPV:

Designation: Employee ID:

Name of the organisation: Zerodha Broking Limited

Date of 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

Name and Signature of the Authorised Signatory

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