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: 1208160) Client ID: XXXXXXXX
Trading ID: XU1234 PAN: ABCDE1010Q 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: | ABC ADVISORS PARTNERSHIP |
| 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:** MODIFICATION - Primary BANK
**Reason for change:** _____

**Existing details:**
ABC BANK
ACCOUNT NUMBER - XXXXXXXXXX
IFSC CODE - XXXXXXXX
MICR CODE - XXXXXXX

**New details:**
XYZ BANK
ACCOUNT NUMBER - XXXXXXXXXX
IFSC CODE - XXXXXXXX
MICR CODE - XXXXXXXX

| First holder signature: ABC ADVISORS PARTNERSHIP | Second holder signature: | Third holder signature: |
|---|---|---|
| PARTNER | | |

**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 Intermedia

**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: _____