

## 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*   |  |   |  |  |  |
|---|--|--|---|--|--|--|
|   | A. Identity details  |  |   |  |  |  |
|   | <ol> <li>Name (Same as ID Proof)</li> <li>Maiden Name (If any)</li> <li>Father's/Spouse's Name</li> <li>Mother's Name</li> </ol>   |  | Photograph Please affix your recent passport size photograph and sign across it |  |  |  |
|   | □ 3a. Gender □ Male □ Female □ Transgender 3b. Marital Status □ Single □ Married □ Other 3c. DOB □ □ MM ▼ ▼ ▼ ▼ ▼ ▼ ■ 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   |  |   |  |  |  |
|   | 1. Contact Details Telephone (Office) Telephone (Residence)  2. Residence/Correspondence   | Mobile No  | ified   |  |  |  |
|   | City/Town State/U.T Code   | District   Pin Cod<br>  Country/ISO Cod<br>  bmitted for Residence / Correspondence Address  |   |  |  |  |
|   | I undertake to inform you of any change false or untrue or misleading or misrepre  | d above are true and correct to the best of my knowledge and belief and s therein, immediately. In case any of the above information is found to be esenting, I am aware that I may be held liable for it.  In from Central KYC Registry through SMS/email on the above registered | F2 Client Signature   |  |  |  |
|   | FOR OFFICE USE ONLY In Person Verification (IPV) Details:  |  |   |  |  |  |
|   | Name of the Person who has done the I  Designation:  Name of the Organization: ZERODHA   |  |   |  |  |  |
| _ | Date of the IPV: D D M M   | organical of the Forest time has done at a first   | Stamp of the Intermediary   |  |  |  |
|   | Originals Verified and Self-Attested Doc   | ·  | of the Authorized Signatory   |  |  |  |



|   | □ 3. Permanent Address   |      |       |  |  |  |
|---|--|------|-------|--|--|--|
|   | Address  |      |       |  |  |  |
|   | City/Town   District   Pin Code   State/U.T Code   Country/ISO Code  |      |       |  |  |  |
|   |  |      |       |  |  |  |
|   | 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  |      |       |  |  |  |
| ı | KYC Number of Related Person (if available)  |      |       |  |  |  |
| l | Related Person Type $\ \square$ Guardian of Minor $\ \square$ Assignee $\ \square$ Authorized Representative           |      |       |  |  |  |
|   | Name   |      |       |  |  |  |
|   | (If KYC number & name are provided, below details are optional)  |      |       |  |  |  |
| F | Proof Of Identity Of Related Person  |      |       |  |  |  |
| I | Identity Proof Submitted Number U  |      |       |  |  |  |
|   | Expiry Date:   |      |       |  |  |  |
|   | Others (any document notified by the Central Govt.)  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   |      |       |  |  |  |
|   | B. Other details   |      |       |  |  |  |
|   | Gross Annual Income Details (please specify): Income Range per annum   |      |       |  |  |  |
| ı | Below Rs 1 Lakh $\square$ 1-5 Lakh $\square$ 5-10 Lakh $\square$ 10-25 Lakh $\square$ >25 Lacs $\square$               |      |       |  |  |  |
| ( | Or Net-worth as ondate (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 $\Box$                    | ctro | nic 🗆 |  |  |  |
|   | Please tick, if applicable: Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐         |      |       |  |  |  |