

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

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

Acknowledgement No. \_\_\_\_\_



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

<input type="checkbox"/>	1. Name of the Applicant																								
<input type="checkbox"/>	2a. Date of incorporation	D	D	/	M	M	/	Y	Y	Y	Y	2b. Place of incorporation													
<input type="checkbox"/>	3. Date of commencement of business	D	D	/	M	M	/	Y	Y	Y	Y														
<input type="checkbox"/>	4a. PAN																								
<input type="checkbox"/>	4b. Registration No. (e.g. CIN)																								
<input type="checkbox"/>	5. Status (Please tick ✓ the appropriate)																								
	<input type="checkbox"/> Private Limited Co.	<input type="checkbox"/> Public Ltd. Co.	<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust																				
	<input type="checkbox"/> Charities	<input type="checkbox"/> NGO's	<input type="checkbox"/> FI	<input type="checkbox"/> FII	<input type="checkbox"/> HUF																				
	<input type="checkbox"/> AOP	<input type="checkbox"/> Bank	<input type="checkbox"/> Government Body	<input type="checkbox"/> Non-Government Organization	<input type="checkbox"/> Defense Establishment																				
	<input type="checkbox"/> BOI	<input type="checkbox"/> Society	<input type="checkbox"/> LLP	<input type="checkbox"/> FPI - Category I	<input type="checkbox"/> FPI - Category II																				
	<input type="checkbox"/> FPI - Category III	<input type="checkbox"/> Others (Please specify)																							

## B ADDRESS DETAILS

<input type="checkbox"/>	1. Address for Correspondence																										
	City / Town / Village													Country											Pin Code		
	State																										
<input type="checkbox"/>	2. Specify the Proof of Address submitted for Correspondence Address:																										
<input type="checkbox"/>	3. Contact Details																										
	Tel. (Off.)													Fax													
	Tel. (Res.)													Mobile No													
	E-Mail Id.																										
<input type="checkbox"/>	4. Registered Address (If different from above)																										
	City / Town / Village													Country											Pin Code		
	State																										

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

<input type="checkbox"/>	1. Name, PAN, residential address and photographs of Promoters/Partners/Karta/Trustees and whole time directors:																								
<input type="checkbox"/>	2a. DIN of whole time directors :																								
	2b. Aadhar number of Promoters/Partners/Karta :																								

## D DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we 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/ we are aware that I/we may be held liable for it.

Date: D D / M M / Y Y 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 organization: Zerodha Securities Pvt. Ltd.

Date of IPV: D D / M M / Y Y 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 \_\_\_\_\_