Account details addition/modification/deletion request form

- Zerodha Broking Limited
- Zerodha Commodities Private Limited

Please fill all details in BLOCK LETTERS in English

<table>
<thead>
<tr>
<th>DP ID</th>
<th>BO ID</th>
<th>Client (Login) ID</th>
</tr>
</thead>
</table>

Account holder details

<table>
<thead>
<tr>
<th>First/sole holder</th>
<th>Second holder</th>
<th>Third holder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother’s name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAN</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I/We request to carry out the change of address/signature in the demat account.

I/We request you to make the following additions/modifications/deletions to my/our account in your records.

<table>
<thead>
<tr>
<th>Details: Please specify ‘Change of address’, ‘Change of bank details’, ‘Change of telephone number’, etc.</th>
<th>Type of change: Please specify if addition/modification/deletion</th>
<th>Existing details</th>
<th>New details</th>
</tr>
</thead>
</table>

Attach an annexure (with signature(s)) if the space above is found insufficient.

**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: __________________________   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 __________________________

<table>
<thead>
<tr>
<th>DP ID</th>
<th>Client ID</th>
<th>Application no.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Account holder’s name

Modification request for

Seal & signature of authorised signatory
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

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

3. Gender □ Male □ Female □ Transgender

3a. Marital Status □ Single □ Married □ Other

3c. DOB D D M M Y Y Y Y

4. Citizenship □ Indian □ Other (ISO 3166 Country Code)

4a. Residence Status □ Resident Individual □ Non Resident Indian □ Person of Indian Origin □ Foreign National

4b. Residential Status

Tick if applicable □ Residence for tax purposes in jurisdiction(s) outside India

ISO 3166 Country Code of Jurisdiction of residence

ISO 3166 Country Code of Birth

5. PAN

5a. Tax Identification Number or Equivalent

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

State/U.T Code

Pin Code

Country/ISO Code

Specify the Proof of Address Submitted for Residence / Correspondence Address

C. DECLARATION

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

I hereby consent to receiving information from Central KYC Registry through SMS/email on the above registered number/email address.

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
D. Details of related person (In case of additional related persons, please fill below details)

<table>
<thead>
<tr>
<th>D. Details of related person (In case of additional related persons, please fill below details)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Addition of Related Person</td>
</tr>
<tr>
<td>KYC Number of Related Person (if available)</td>
</tr>
<tr>
<td>Related Person Type</td>
</tr>
</tbody>
</table>

Name

(If KYC number & name are provided, below details are optional)

Proof Of Identity Of Related Person

<table>
<thead>
<tr>
<th>Identity Proof Submitted</th>
<th>Number</th>
</tr>
</thead>
</table>

Expiry Date:  

Others (any document notified by the Central Govt.): Identification No |

Simplified Measures Account-Document Type Code: Identification No |