

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	<table border="0"> <tr> <td>Tel. (Off.)</td> <td colspan="10">_____</td> <td>Fax</td> <td colspan="10">_____</td> </tr> <tr> <td>Tel. (Res.)</td> <td colspan="10">_____</td> <td>Mobile No</td> <td colspan="10">_____</td> </tr> <tr> <td>E-Mail Id,</td> <td colspan="22">_____</td> </tr> </table>																						Tel. (Off.)	_____										Fax	_____										Tel. (Res.)	_____										Mobile No	_____										E-Mail Id,	_____																					
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 :	_____																							
<input type="checkbox"/>	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

1. Name <input style="width: 100%; height: 20px;" type="text"/>	PHOTOGRAPH Please affix your recent passport size photograph and sign across it
2. Relationship with Applicant <i>(i.e. promoters, whole time directors etc.)</i> <input style="width: 100%; height: 20px;" type="text"/>	
3a. PAN <input style="width: 200px; height: 20px;" type="text"/> 3b. DIN <input style="width: 200px; height: 20px;" type="text"/>	
3c. Aadhar (UID) Number <input style="width: 100%; height: 20px;" type="text"/>	
4. Residential/ Registered Address <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <div style="display: flex; justify-content: space-between; font-size: small;"> City / Town / Village Country Pin Code </div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> State </div>	

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Name & Signature of the Authorised Signatory (ies)

Date: / / / / /

Zerodha Broking Ltd.

153/154, 4th Cross, 4th Phase, JP Nagar, Dollars Colony,
Opp. Clarence School, Bangalore - 560078

Additional KYC Form for Opening a Demat Account

(To be filled by the Depository Participant)

Application No		Date		DP Internal Reference No	
DP ID	Exchange	NSE/BSE	UCC	Client ID	

(To be filled by the applicant in BLOCK LETTERS in English)

I/We request you to open a demat account in my/ our name as per following details:-

Holder Details

Sole / First Holder's Name			
PAN		UID	
Second Holder's Name			
PAN		UID	
Third Holder's Name			
PAN		UID	
Name of firm or other entity			

*In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.

Type of Account (Please tick whichever is applicable)

Status		
<input type="checkbox"/> Non-Individual	<input type="checkbox"/> Body corporate	<input type="checkbox"/> FII
	<input type="checkbox"/> Trust	<input type="checkbox"/> CM
	<input type="checkbox"/> Mutual Fund	<input type="checkbox"/> FI
	<input type="checkbox"/> OCB	<input type="checkbox"/> Banks
	<input type="checkbox"/> Clearing House	<input type="checkbox"/> Others (specify) _____

I / We instruct the DP to receive each and every credit in my / our account [Automatic Credit] Yes No
(If not marked, the default option would be 'Yes')

Account to be operated through Demat Debit and Pledge Instruction (DDPI) Yes No

I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be 'No') Yes No

Account Statement Requirement As per SEBI Regulation Daily Weekly Monthly Fortnightly

I / We request you to send electronic transaction-cum-holding statement at the following Yes No

Email ID	
----------	--

I / We would like to share the email ID with the RTA Yes No

I / We would like to receive the Annual Report Physical Electronic Both Physical and Electronic
(Tick the applicable box. If not marked the default option would be Electronic)

I / We accept that all communication from the DP will be sent to the first holder of the account in case the account is being operated jointly. Yes No

Zerodha Broking Ltd.

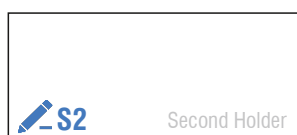
153/154, 4th Cross, 4th Phase, JP Nagar, Dollars Colony,
Opp. Clarence School, Bangalore - 560078

Schedule-A Tariff Structure	
For individuals/HUF/corporates	
Details	POA/DDPI Clients
Stamp charges payable upfront	Rs.50/-
Annual Maintenance Charges (charged upfront annually)	
a. Foreign Individuals	Rs.50,000 + GST
b. Foreign Body Corporate/Foreign Entity	Rs.50,000 + GST

Transaction Charges : (Market Trades)	
Buy(Receive) / Sell (Debit)	Nil / Rs. 4 NSDL fee (Rs. 0 for Yuva plan) + Rs.9 Zerodha fee
Transaction Charges : (Off-Market Trades)	
Buy(Receive) / Sell (Debit)	Nil / Rs.25/- per transaction (Exclusive NSDL Charges)
Demat (Per certificate)	Rs. 150/- per certificate
Remat (Per certificate)	Rs. 150/- per certificate + NSDL Charges
Courier charges per Demat/Remat/Demat Rejn./CMR	Rs. 100/-
Pledge Request	Rs. 20/- + Rs. 25 per request (NSDL Charges)
Unpledge Request	Rs. 20/- + Rs. 25 per request (NSDL Charges)
Pledge invocation	Rs. 20/-
Margin Pledge	Rs. 9 + Rs. 5 per request (NSDL Charges)
Margin Unpledge	Rs. 9 + Rs. 5 per request (NSDL Charges)
Margin Repledge	Rs. 2/- (NSDL charges)
Periodic Statement	
By Email / Physical	Free / Rs. 25/- (+ Courier charges at actual)
Adhoc / Non Periodic Statement Requests	
a. By Email	Rs.10/- per request
b. Physical	Rs. 25 per request upto 10 pages. Every additional page at Rs. 5 (+ Courier charges at actual)
Delivery instruction	
a. First Delivery Instruction Book	Free (10 Leaves)
b. Every Addl Booklet (10 Leaves)	Rs.100/-
Cheque Bounce Charges	Rs. 350/-
Failed Transactions	Rs. 50 per ISIN
Modification in CML	Rs. 25/- per request
KRA Upload / Download	Rs. 50/-

NOTE :

- For all purposes the bill date shall be construed as the date demand and the bills will be considered as the bill cum notice for payment and Zerodha Broking Ltd. reserves the right to freeze depository account for debit transaction in case of non payment of charges after two days from the bill date.
- Zerodha may, upon obtaining consent, charge for any ancillary services not listed above as and when applicable.
- The above tariff is subject to change. Changes if any will be intimated 30 days in advance Annual Maintenance Charge (AMC) is non refundable. GST is applicable on all above charges except stamp charges.
- I/We understand that any instruction provided by me to Zerodha to transfer securities from my account shall be rejected by Zerodha, if there is any debit balance or any unpaid amounts due as per this tariff sheet to Zerodha.



Sign wherever you see

Date :

To,
Zerodha Broking Ltd.
 153/154, 4th Cross, Dollars Colony, 4th Phase, JP Nagar, Opp. Clarence Public School, Bangalore - 560078.

Dear Sir,
Sub : Requesting for bill/transaction/holding statement through email.

I/We request you to send me/us bill, transaction and holding statement of my Demat account no. _____
 _____ at following email address: _____

- I/We fully agree and are aware of following Terms and Conditions mentioned below.
- a) that I/We will not receive the bill, transaction and holding statements in paper form.
 - b) that I/We will take all the necessary steps to ensure confidentiality and secrecy of the login name and password of the internet/email account.
 - c) that I/We am/are aware that the bill, transaction and holding statements may be accessed by other entities in case the confidentiality /secrecy of the login name and password is compromised.
 - d) that I/We in case bill, transaction and holding statements are sent by email, I/We will immediately inform the Zerodha Broking. about change in email address, if any.

In case, the Zerodha Broking is not able to provide bill/transaction statement to its Clients by email or on website due to any reason (including bounced emails), Zerodha Broking Ltd. will ensure that the transaction statement is provided to me/us in paper form as per the time schedule stipulated in the Bye Laws & Business Rules of NSDL.

I/We hereby request you to send the statements:

Daily Fortnightly Weekly Monthly

Mode of Operations for Demat Account

We would like to update mode of operation in the Demat account number _____ held with Zerodha Broking Ltd. as below:

Jointly Anyone of the holder or survivor(s)

We understand that If Mode of Operation for Joint Account is chosen as anyone of the holder or survivor(s), only specified operations such as transfer of securities including Inter-Depository Transfer, pledge/hypothecation/margin pledge/margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze/unfreeze of account and/or securities and/or specific number of securities will be permitted.

Yours faithfully,

F3(a) First/Sole Holder or Guardian (in case of Minor)

S3(a) Second Holder

T3(a) Third Holder

I, the sole holder, or we, the Joint Holders confirm that we would like to designate the First Demat Account Holder (who is a Resident Indian Individual) of our account to receive the TPIN (or any such other similar PIN as required by any or all Depositories to transact as per the e-DIS facility offered by such Depository) on his/her mobile/email address for execution/permission of all such transactions & ancillary facilities to be availed via such mechanism from any or all Depositories.

Declaration

I/We have received and read the Rights and Obligations documents and terms & conditions and agree to abide by and be bound by the same and the Bye Laws as are in force from time to time. I/We declare that the particulars given by me/us above are true to the best of my/our knowledge as on the date of making this application.

I/We agree and undertake to intimate the DP of any change(s) in the details/particulars mentioned by me/us in this form.

I/We further agree that any false/misleading information given by me/us or suppression of any material information will render my account liable for termination and suitable action.

F3(b) First/Sole Holder or Guardian (in case of Minor)

S3(b) Second Holder

T3(b) Third Holder

Sign wherever you see

Most Important Terms and Conditions

1. Your trading account has a “Unique Client Code” (UCC), different from your demat account number. Do not allow anyone (including your own stock broker, their representatives and dealers) to trade in your trading account on their own without taking specific instruction from you for your trades. Do not share your internet/mobile trading login credentials with anyone else.
2. You are required to place collaterals as margins with the stock broker before you trade. The collateral can either be in the form of funds transfer into specified stock broker bank accounts or margin pledge of securities from your demat account. The bank accounts are listed on the stock broker website. Please do not transfer funds into any other account. The stock broker is not permitted to accept any cash from you.
3. The stock broker’s Risk Management Policy provides details about how the trading limits will be given to you, and the tariff sheet provides the charges that the stock broker will levy on you.
4. All securities purchased by you will be transferred to your demat account within one working day of the payout. In case of securities purchased but not fully paid by you, the transfer of the same may be subject to limited period pledge i.e. seven trading days after the pay-out (CUSPA pledge) created in favor of the stock broker. You can view your demat account balances directly at the website of the Depositories after creating a login.
5. The stock broker is obligated to deposit all funds received from you with any of the Clearing Corporations duly allocated in your name. The stock broker is further mandated to return excess funds as per applicable norms to you at the time of quarterly/ monthly settlement. You can view the amounts allocated to you directly at the website of the Clearing Corporation(s).
6. You will get a contract note from the stock broker within 24 hours of the trade.
7. You may give a one-time Demat Debit and Pledge Instruction (DDPI) authority to your stock broker for limited access to your demat account, including transferring securities, which are sold in your account for pay-in.
8. The stock broker is expected to know your financial status and monitor your accounts accordingly. Do share all financial information (e.g. income, networth, etc.) with the stock broker as and when requested for. Kindly also keep your email ID and mobile phone details with the stock broker always updated.
9. In case of disputes with the stock broker, you can raise a grievance on the dedicated investor grievance ID of the stock broker. You can also approach the stock exchanges and/or SEBI directly.
10. Any assured/guaranteed/fixed returns schemes or any other schemes of similar nature are prohibited by law. You will not have any protection/recourse from SEBI/stock exchanges for participation in such schemes.

 F6 Client Signature



Important Instructions:

- A) Fields marked with "*" are mandatory fields.
- B) Tick '✓' wherever applicable.
- C) Please fill the date in DD-MM-YYYY format.
- D) Please fill the form in English and in BLOCK letters.
- E) KYC number of applicant is mandatory for update application.
- F) List of State / U.T code as per Indian Motor Vehicle Act,1988 is available at the end.
- G) List of two character ISO 3166 country codes is available at the end.
- H) Please read section wise detailed guidelines / instructions at the end.
- I) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only

Application Type* New Update

(To be filled by financial institution) KYC Number

(Mandatory for KYC update request)

1. ENTITY DETAILS* (Please refer instruction **A** at the end)

Name*

Entity Constitution Type* (Others (Specify) (Please refer instruction B at the end)

Date of Incorporation / Formation* - - Date of Commencement of Business - -

Place of Incorporation / Formation* Country of Incorporation / Formation* TIN or Equivalent Issuing Country

PAN * Form 60 furnished

TIN / GST Registration Number

2. PROOF OF IDENTITY (PoI)* (Please refer instruction **B** at the end)

- Officially valid document(s) in respect of person authorised to transact
- Certificate of Incorporation / Formation Registration Certificate Regn Certificate No.
- Memorandum and Articles of Association Partnership Deed Trust Deed
- Resolution of Board / Managing Committee Power of attorney granted to its manager, officers or employees to transact on its behalf
- Activity Proof - 1 (For Sole Proprietorship Only) Activity Proof - 2 (For Sole Proprietorship Only)

3. ADDRESS* (Please see instruction **C** at the end)

3.1 Registered Office Address / Place of Business*

Proof of Address* Certificate of Incorporation / Formation Registration Certificate Other Document

Line 1*

Line 2

Line 3 City / Town / Village*

District* PIN / Post Code* State / U.T Code* ISO 3166 Country Code*

3.2 Local Address in India (If different from Above)*

Line 1*

Line 2

Line 3 City / Town / Village*

District* PIN / Post Code* State / U.T Code* ISO 3166 Country Code*

4. CONTACT DETAILS (All communications will be sent to Mobile number/ Email-ID provided* may be used) (Please refer instruction **D** at the end)

Tel. (Off) - FAX -

Mobile - Email ID

Mobile - Email ID

5. NUMBER OF RELATED PERSONS (Please refer instruction **E** at the end)

