

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													Pin Code							
	State													Country							
<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													Pin Code							
	State													Country							

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 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: / /



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: / /

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

<p>1. Name <input style="width: 100%;" type="text"/></p> <p>2. Relationship with Applicant <i>(i.e. promoters, whole time directors etc.)</i> <input style="width: 100%;" type="text"/></p> <p>3a. PAN <input style="width: 20%;" type="text"/> 3b. DIN <input style="width: 20%;" type="text"/></p> <p>3c. Aadhar (UID) Number <input style="width: 40%;" type="text"/></p> <p>4. Residential/ Registered Address <input style="width: 100%;" type="text"/></p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> City / Town / Village Country Pin Code </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> State </div>	<p>PHOTOGRAPH</p> <p>Please affix your recent passport size photograph and sign across it</p>
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Name & Signature of the Authorised Signatory (ies)

Date: / /