

## 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 KYC Number □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □						
	A. Identity details				ı		
	<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						
	Tick if applicable						
	B. Address details  1. Contact Details  Telephone (Office)  Telephone (Residence)  2. Residence/Correspondence	Address Address 1	Mobi   Emai   Gype: □ Resid	I ID	☐ Unspecified		
	City/Town State/U.T Code Specify the Proof of Address Su	ıbmitted for Residence	District   e / Corresponde		Pin Code htry/ISO Code		
	C. DECLARATION  I/We declare that the details furnished aborany incorrect information, I also confirm to OVD based KYC, my KYC shall be validate readable QR code or my Aadhaar XML/Dig Intermediaries with whom I/We or Zerodha receiving information from CVL KRA & C-K	inform Zerodha w.r.t any cha d against my Aadhaar. I/We gilocker XML file, along with p I have a business relationship	anges in the future. hereby consent to spasscode and as apply for KYC purposes	I/We are also aware that for A haring my/our masked Aadha plicable, with KRA and other only. I/We hereby consent to	adhaar	Client Signature	
_	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 Doc	ument Copies Received					
				Date	Signature of the	Authorized Signatory	



	3. Permanent Address
	Address
	City/Town District Pin Code
	State/U.T Code Country/ISO Code Country/ISO Code
	4. Address in the jurisdiction details where applicant is resident outside India for tax purpose (if applicable)
	Address
	City/Town   District   Pin Code
	State/U.T Code Country/ISO Code
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	. Details of related person (In case of additional related persons, please fill below details)
	Addition of Related Person Deletion of Related Person
	YC Number of Related Person (if available)
ŀ	elated Person Type   Guardian of Minor   Assignee   Authorized Representative
1	ame
(	f KYC number & name are provided, below details are optional)
F	roof Of Identity Of Related Person
I	entity Proof Submitted   Number
	xpiry Date : DDMMYYYY
	thers (any document notified by the Central Govt.)  Identification No  Identification No
	Infilined Measures Account-Document Type Code
	rading account related details
	. Bank account details
	ccount Type: Savings□ Current□ Others□   In case of NRI Account: NRE□ NRO□
_	ank Name ranch Address
I	ccount Number
	IICR Number
ı	. Other details
	ross Annual Income Details (please specify): Income Range per annum
E	elow Rs 1 Lakh □ 1-5 Lakh □ 5-10 Lakh □ 10-25 Lakh □ 25 Lacs to 1 Cr □ >1Cr □
(	r Net-worth as ondate (Net worth should not be older than 1year)
(	ccupation
	rivate Sector □ Public Sector □ Government Service □ Business □ Professional □ Agriculturist □ Retired □
ł	ousewife   Student   Self Employed   Others (please specify)
ľ	lode in which you wish to receive the RDD, Rights & Obligations, and Guidance Note: Physical ☐ Electronic ☐
F	lease tick, if applicable: Politically Exposed Person (PEP) $\square$ Related to a Politically Exposed Person (PEP) $\square$
J	what capacity do you trade commodities?
	armer/Farmer Producer Organisation □ Value Chain Participant □ Others □