

Know Your Client (KYC) Application Form - for Individuals

Please fill this form in English and BLOCK Letters

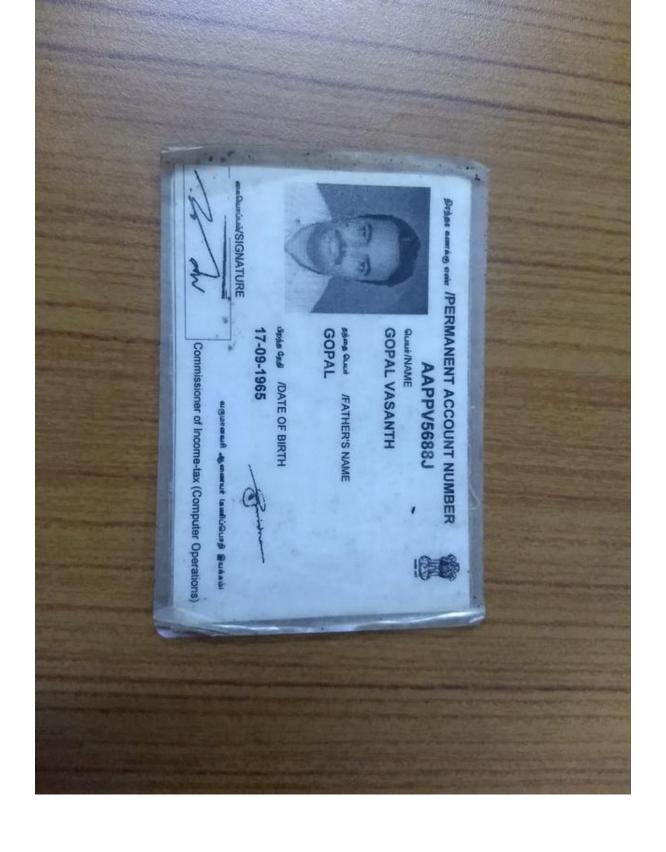
(Please tick the box on the left margin of the appropriate row where CHANGE/CORRECTION is required and provide the details in the corresponding window)

	For office use only (To be filled by the financial institution)							
	Application Type* ☐ New ☐ Update KYC Number							
	Account Type* □ No	ormal 🗆 Simplifi	ied (for l	ow risk customers)	☐ Small			
	A. Identity details							
	A. Identity details	CODAL MACANTIL						
	1. Name (Same as ID Proof)	GOPAL VASANTH						
	1a. Maiden Name (If any)							
_	2. Father's/Spouse's Name	CODAL						
	2a. Mother's Name	GOPAL . VASANTH GOPAL						
	Za. Mounei S Maine	VASANTH GUPAL						
_		- T	0.					
	3a. Gender	_		_		DUB <u>1965-09-17</u>		
	4a. Citizenship ★ Indian □ 0	ther	(ISO 3166 Country Cod	de)			
	4b. Residential Status 🗷 Resid	ent Individual □ Nor	n Reside	nt Indian □ Person o	of Indian Origin [□ Foreign Nationa	l	
	Tick if applicable ☐ Residence for tax purposes in jurisdiction(s) outside India							
	ISO 3166 Country Code of Juriso	diction of residence		Place of birth				
	Tax Identification Number or Equi				ISO3166 Countr	v Code of Birth		
	Tax raonanoadon rannoor or Equi	- Taione				y code of birai		
	5a. PAN AAPPV5688J							
	5b. Unique Identification Number (UID) / AADHAR, if any							
	·			Spacify)		_		
	6. Proof of Identity Submitted Pan Card □Other (Please Specify) Part of the state of the sta							
	B. Address details							
	1. Contact Details							
	Telephone (Office)			Mobile No 9382507	155			
	Telephone (Residence)			Email ID VASANTH16	627@GMAIL.COM			
	2. Residence/Correspondence	Address T	ype: 🛎	Residential □ Busi	ness 🗆 Unspe	cified		
	Address S/0: GOPAL M NO.12/1	55 20TH AVENUE, BANU	J NAGAR	PUDUR				
	AMBATTUR							
	City/Town AMBATTUR		District	THIRUVALLUR	Pin Co	de 600053		
	State/U.T Code TAMIL NADU				Country/ISO Co	de INDIA		
	Specify the Proof of Address Su	ubmitted for Residence	/ Corres	spondence Address	AA	DHAAR		
	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:						gnature	
_								
	FOR OFFICE USE ONLY In Person Verification (IPV) Details:					OHA THE	ı.	
	Name of the Person who has done the I	PV:			(g()	A CONTRACTOR OF THE PARTY OF TH	
	Designation:	Emp	loyee ID: _			m Cox	/	
	Name of the Organization: Zerodha Secu	urities Pvt. Ltd.				* BAN		
_	Date of the IPV:	Si	gnature of	the Person who has done	the IPV Seal	/Stamp of the Interme	ediary	
	Originals Verified and Self-Attested Doc	ument Copies Received						
				Date	Signature	e of the Authorized Signa	atory	



☐ 3. Permanent Address

Address S/0: GOPAL M NO.12/155 20TH AVENUE, BANU NAGAR PUDUR						
AMBATTUR						
City/Town AMBATTUR	District THIRUVALLUR	Pin Code 600053				
State/U.T Code TAMIL NADU		Country/ISO Code INDIA				
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	Diot riot	Country/ISO Code				
- Curity of 1. Court						
D. Details of related person (In case of additional related persons, please fill below details)						
☐ Addition of Related Person ☐ Deletion of Related Person						
KYC Number of Related Person (if available)						
Related Person Type $\ \square$ Guardian of Minor $\ \square$ Ass	signee $\ \square$ Authorized Represe	entative				
Name						
(If KYC number & name are provided, below details are optional)						
Proof Of Identity Of Related Person						
Identity Proof Submitted	Number					
Expiry Date :						
Others (any document notified by the Central Govt.)	Identification	on No				
Simplified Measures Account-Document Type Code	Identification	on No				





Aadhaar XML converted PDF

Name	Vasanth G	
Gender	Male	
Date of birth	17-09-1965	
Mobile	9382507155	
Email	VASANTH1627@GMAIL.COM	
Ref. Number	01002274319hLYTsGLt+8TKW+1y06a /+c/Zsg5nDiE/JGJxk7urXjTG3yJyb CKAD0FoBZeYu	
Aadhaar number	XXXX XXXX XXXX 3636	
Address	S/O: Gopal M No.12/155,Pudur 20th Avenue, Banu Nagar 600053 Tamil Nadu India	
City	Ambattur	
District	Thiruvallur	

Note: This document has been created from the UIDAI XML submitted by the investor. Investor has submitted this data with informed consent to Zerodha Broking Ltd. As KYC proof for opening of the Trading and Demat account with Zerodha Broking ltd.

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