

DP / Trading Account Shifting Request Form

Client Code Date

To,
Sushil Financial Services Private Limited.
12, Homji Street, Fort, Mumbai - 400 001
SEBI NO.: INZ000165135 | DP NO: IN-DP-504-2020 | DP ID: 028900

Dear Sir/Madam,

I/We the sole holder/Joint Holders / Guardian (Incase of minor) request you to shift my/our DP / Trading account from the date of this application as per the following details. I/We here by confirmed/declared that we have verified all past transactions in my/our below given Demat / Trading account and all transactions in my/our accounts are authenticate, true and done by my/ our instructions.

Account Holder's Details

DP & Client ID	1	2	0	2	8	9	0	0										
Name of the First/Sole Holder																		
Name of the Second Holder																		
Name of the Third Holder																		
Correspondence Address																		

City		State		Pin Code														
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Reasons for Shifting Account

Name of the present channel partner	
Signature and Seal of present channel partner (NOC)	

Name of the new channel partner (If any)	
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	First/Sole Holder	Second Holder	Third Holder
Full Name			
Signature*			

For HO Use Only	Last Traded Date		Trading Balance and Date	Balance should be NIL
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Date of Processing Shifting	
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Instruction to Account Holder(s)

- All fields are mandatory to fill up.
- Please complete the above form in all respects.
- Form must be signed and dated. Please submit via respective AP only • [*] Marks fields are mandatory to fill up
- If you have any questions or concerns, please contact us at wecare@sushilfinance.com

Seal and Signature