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Sushil Financial Services Private Limited
Regd. Office: 12 Homji Street, Fort, Mumbai- 400001 | Tel.: 022 40936000
SEBI No.: INZ000165135 | DP NO: IN-DP-504-2020 | DP ID: 028900
CIN:U67120MH1991PTC063438 | www.sushilfinance.com | info@sushilfinance.com

ACTIONABLE KNOWLEDGE

Know Your Client (KYC) Application Form (For Individuals Only)

Please fill the form in ENGLISH and in BLOCK letters
Fields marked * are mandatory
Fields marked + are pertaining to CKYC and mandatory only if processing CKYC also

Application Number:

Application Type*: ☐ New KYC ☐ Modification KYC

KYC Mode*: Please Tick (✓)

☑ Normal ☐ EKYC OTP ☐ EKYC Biometric ☐ Online KYC ☐ Offline EKYC ☐ Digilocker ☐ KRA

1. Identity Details (please refer guidelines overleaf)

PAN* _____ **(Please enclosed a duly attested copy of PAN)**

Sole/First Holder Name* (same as ID proof) _____ _____ _____ _____

Maiden Name+ (if any) _____ _____ _____ _____

Fathers/Spouse's Name* _____ _____ _____ _____

Date of Birth* _____ Mother's Name+: _____

Gender* ☐ Male ☐ Female ☐ Transgender

Nationality* ☐ Indian ☐ Other _____

Marital Status* ☐ Single ☐ Married

Residential Status* Please Tick (✓)
☐ Resident Individual ☐ Non Resident Indian
☐ Foreign National ☐ Person of Indian Origin

Proof of Address (POA) Please tick (✓)
(Attested copy of any one POA for correspondence and permanent address each to be submitted)

☐ A — Aadhaar Card XXXX XXXX __ __ __ __ **(QR Code must be clear on proof)**
☐ B — Passport Number _____ (Expiry Date) _____
☐ C — Voter ID Card _____
☐ D — Driving License _____ (Expiry Date) _____
☐ E — NREGA Job Card _____
☐ F — NPR _____
☐ Z — Others _____ Identification No.: _____
(any document notified by Central Government)

XX ☞

Please affix recent passport size picture

Please Sign Across the photo

Passport mandatory for NRIs and Foreign Nationals. PIO selection is only for CKYC and not for KRA KYC. (Select NRI or Foreign National based on Nationality of the individual)

2. Address Details* "A" Correspondence / Current Local Address (Please refer guidelines overleaf)

Line 1*					
Line 2					
Line 3					
City/Town/Village*		District*		Pin Code*	
State*		Country*			
Telephone No.		Residence		Office	
Address Type*	☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified				

Applicant Signature ➡

XX ☞

"B" Permanent Residence Address of applicant, (If Different than "A" / Overseas *Address) (Mandatory for NRI applicant)					
Line 1*					
Line 2					
Line 3					
City/Town/Village*		District*		Pin Code*	
State*		Country*			
Telephone No.		Residence		Office	
Address Type*	☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified				

Proof of Identity (POI) Submitted for PAN exempted cases **(Please tick)**

☐ A — Aadhaar Card XXXX XXXX __ __ __ __ **(QR Code must be clear on proof)**

☐ B — Passport Number _____ (Expiry Date) _____

☐ C — Voter ID Card _____

☐ D —Driving License _____ (Expiry Date) _____

☐ E —NREGA Job Card _____

☐ F —NPR _____

☐ Z —Others _____ Identification No.: _____

(any document notified by Central Government)

3. Contact Details (in CAPITAL)

Email ID* _____

Relationship with Applicant

☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Parent

4. Contact Details (in CAPITAL)

Mobile* _____ _____

Relationship with Applicant

☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Parent

5. Applicant 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 agree that any communication related to my trading and demat account should be sent to the above mentioned Mobile Number and E-mail id. I hereby consent to receiving information from Central KYC registry/ KRA through SMS/ Email on the above registered number/ email address.

I am also aware that for Aadhar OVD based KYC, my KYC request shall be validated against Aadhar details. I hereby consent to sharing my masked Aadhar card with readable QR code or my Aadhar XML/ Digilocker XML file, along with passcode and as applicable with KRA and other intermediaries with whom I have a business relationship for KYC purposes only. I, hereby give my consent to download my KYC Records from the Central KYC Registry (CKYCR) / KRA, only for the purpose of verification of my identity and address from the database of CKYCR Registry / KRA.

DATE: _____ (DD-MM-YYYY) **PLACE:** _____

Applicant Signature

XX ☞ X Sign Here

6. For Office Use Only

In-Person Verification (IPV) & KYC carried out by*	Intermediary Details*
Emp. Name _____	AMC / Intermediary Name : **Sushil Financial Services Private Limited**
Emp. Code _____	
Emp. Designation _____	☐ Self certified document copies received (OVD)
Name of Organization _____	☐ True Copies of documents received (Attested)
Emp. Signature _____	
KYC / IPV Date _____	