

 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	Date BO ID* 12028900	Application No. Client Code*
Know Your Client (KYC) Application Form (For Individuals) 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 #For account reactivation.	Application Type* <input checked="" type="checkbox"/> Modification KYC	KYC Mode <input checked="" type="checkbox"/> Normal
I/We request you to carry out the modification in my/our Demat & Trading A/c as per following: Please Tick (✓) <input type="checkbox"/> Email ID <input type="checkbox"/> Mobile Number I/We request you to carry out change of Email-id and/or Mobile number in KRA.		
1. Identity Details		
Sole/First Holder Name* _____ <small>(same as ID proof)</small>		
Fathers/Spouse's Name* _____		
PAN* _____ DOB _____		
Nationality* <input type="checkbox"/> Indian <input type="checkbox"/> Other _____ Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender		
Marital Status* <input type="checkbox"/> Single <input type="checkbox"/> Married		
Residential Status* <input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident Indian <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian Origin ⁺		

2. Contact Details (in CAPITAL)	
Existing Details	New Details
Email ID*	
Mobile*	

Above Email ID is registered in the name of Mr. / Mrs. _____
and related to me as ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Parents

Above mobile number is registered in the name of Mr. / Mrs. _____
and related to me as ☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Parents

3. 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), only for the purpose of verification of my identity and address from the database of CKYCR Registry.	
DATE: _____	(DD-MM-YYYY) PLACE: _____

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

4. For Office Use Only	In-Person Verification (IPV) & KYC carried out by*	Intermediary Details*
Emp. Name _____	Emp. Code _____	AMC / Intermediary Name : Sushil Financial Services Private Limited
Emp. Designation _____		<input type="checkbox"/> Self certified document copies received (OVD)
Name of Organization _____		<input type="checkbox"/> True Copies of documents received (Attested)
Emp. Signature _____	KYC / IPV Date _____	