


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

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

KYC Mode*: Please Tick (✓)

☒ Normal ☐ EKYC OTP ☐ EKYC Biometric ☐ Online KYC ☐ Offline EKYC ☐ Digilocker

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

Marital Status*
☐ Single ☐ Married

Nationality*
☐ Indian ☐ Other _____

Residential Status*

Please Tick (✓)

☐ Resident Individual

☐ Non Resident Indian

☐ Foreign National

☐ Person of Indian Origin

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)

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)

Please affix
 recent
 passport size
 picture

Pl. Sign Across the photo

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 ➡

"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*	<input type="checkbox"/> Residential/Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered Office <input type="checkbox"/> Unspecified				

Proof of Identity (POI) Submitted for PAN exempted cases (Please tick)	
<input type="checkbox"/> A — Aadhaar Card XXXX XXXX _ _ _ _ _ (QR Code must be clear on proof) <input type="checkbox"/> B — Passport Number _____ (Expiry Date) _____ <input type="checkbox"/> C — Voter ID Card _____ <input type="checkbox"/> D — Driving License _____ (Expiry Date) _____ <input type="checkbox"/> E — NREGA Job Card _____ <input type="checkbox"/> F — NPR _____ <input type="checkbox"/> Z — Others _____ Identification No.: _____ <small>(any document notified by Central Government)</small>	

3. C tact Details (in CAPITAL)
Email ID* _____ Relationship with Applicant <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parent

4. C tact Details (in CAPITAL)
Mobile* _____ Relationship with Applicant <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Children <input type="checkbox"/> Dependent Parent

5. Applicant Declaration			
<p>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.</p> <p>DATE: _____ (DD-MM-YYYY) PLACE: _____</p>	<table border="1"> <tr> <td> Applicant Signature </td> </tr> <tr> <td> <div style="text-align: center;">X Sign Here</div> </td> </tr> </table>	Applicant Signature	<div style="text-align: center;">X Sign Here</div>
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6. For Office Use Only					
<table border="1"> <tr> <td> In-Person Verification (IPV) & KYC carried out by* </td> </tr> <tr> <td> Emp. Name _____ Emp. Code _____ Emp. Designation _____ Name of Organization _____ Emp. Signature _____ KYC / IPV Date _____ </td> </tr> </table>	In-Person Verification (IPV) & KYC carried out by*	Emp. Name _____ Emp. Code _____ Emp. Designation _____ Name of Organization _____ Emp. Signature _____ KYC / IPV Date _____	<table border="1"> <tr> <td> Intermediary Details* </td> </tr> <tr> <td> AMC / Intermediary Name : Sushil Financial Services Private Limited <input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested) </td> </tr> </table>	Intermediary Details*	AMC / Intermediary Name : Sushil Financial Services Private Limited <input type="checkbox"/> Self certified document copies received (OVD) <input type="checkbox"/> True Copies of documents received (Attested)
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