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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

Date		Application No.	
BO ID*	12028900	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*
☐ Modification KYC ☐ REKYC# ☐ CKYC

KYC Mode*
☑ Normal

I/We request you to carry out the modification in my/our Demat & Trading A/c as per following: Please Tick (✓)

☐ Correspondence Address ☐ Permanent Address ☐ Email ID ☐ Mobile Number ☐ Bank Details ☐ Demat Details Other _____

I/We request you to carry out change of Address/Email-id/Mobile number in KRA.

1. Identity Details

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

Fathers/Spouse's Name* _____ _____ _____ _____

PAN* _____ **DOB** _____ **Gender*** ☐ Male ☐ Female ☐ Transgender

Nationality* ☐ Indian ☐ Other _____ **Marital Status*** ☐ Single ☐ Married

Residential Status* ☐ Resident Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin+

Photo is mandatory in case of change in address

Pl. Sign Across the photo

Proof of Identity (POI) and Proof of Address (POA) (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)

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*	Existing Details	New Details
A. Correspondence Address		
B. Permanent Address		
C. Both		
Address Type*	☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified	☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified

3. 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

4. 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:** _____

Applicant Signature (For KRA)

5. For Office Use Only

In-Person Verification (IPV) & KYC carried out by*

Emp. Name _____ Emp. Code _____
Emp. Designation _____
Name of Organization _____
Emp. Signature _____ KYC / IPV Date _____

Intermediary Details*

AMC / Intermediary Name :
Sushil Financial Services Private Limited
☐ Self certified document copies received (OVD)
☐ True Copies of documents received (Attested)

As Per Demat A/C	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

6. I understand that as per the guidelines prescribed by the SEBI, the client is required to share their financial information to the stock broker on periodic basis. In view of these guidelines, please find my financial details as mentioned below.

A. Income Range (Per Annum); (Tick where applicable)

☐ Below Rs.1 Lac ☐ Rs.1Lac to Rs.5Lacs ☐ Rs.5Lacs to Rs.10Lacs ☐ Rs.10Lacs to Rs.25Lacs ☐ More than Rs.25Lacs

OR NETWORTH Rs. _____ as on 31st March 20 __

B. Attached any of the following documents for trading in derivatives and currency derivative segment.

☐ Copy of Demat A/c Holding statement ☐ Bank A/c statement for last 6 months ☐ Salary Slips ☐ Copy of Income Tax Returns/Form 16 ☐ Balance Sheet ☐ Any other relevant documents substantiating owner assests

7. Bank Details (Please attach self attested copy of pre-printed Cheque leaf or Passbook or Statement with bank stamp)

A/c Type	Existing	New
Saving/Current	Bank A/c Number	Bank A/c Number
☐ Default ☐ Optional	Bank Account No	Bank Account No
	MICR & IFSC Code: MICR / IFSC	MICR & IFSC Code: MICR / IFSC
Bank Name & Address		

8. Demat Details (Please attach self attested CMR copy duly stamped by your DP)

☐ Default ☐ Optional	☐ CDSL																
	☐ NSDL	I	N														
DP Name & Address																	

9. I/We would like to receive Contract Notes, bills, Statement of funds and securities, Electronic Transaction–cum-holding Statement, Annual Report etc.

☐ Physical ☐ Electronic **(Preferred)**

10. 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			

11. For Office Use Only | In-Person Verification (IPV) & KYC carried out by* | Intermediary Details*

Emp. Name _____ Emp. Code _____

Emp. Designation _____

Name of Organization _____

Emp. Signature _____ KYC / IPV Date _____

AMC / Intermediary Name :

Sushil Financial Services Private Limited

☐ Self certified document copies received (OVD)

☐ True Copies of documents received (Attested)