

**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 Non-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**1. Entity Details** (please refer guidelines)

PAN*	Please enclose a duly attested copy of your PAN Card		CIN
Name* (same as ID proof)			
Date of Incorporation*		Place of Incorporation*	
Date of Commencement*		Registration Number*	
Entity Type*	☐ Private Ltd. Co. ☐ Trust/Charity/NGO ☐ AOP ☐ Body of Individuals ☐ Non-Government Organization ☐ Others ☐ Public Ltd. Co. ☐ HUF ☐ Bank ☐ Body Corporate ☐ FPI Category I ☐ Government Body ☐ Society ☐ Partnership ☐ FPI Category II ☐ Defence Establishment ☐ LLP		

2. Proof of Identity⁺ (please refer the guidelines)

- ☐ Officially Valid Document(s) in respect of person authorized to transact
☐ Certificate of Incorporation/Formation ☐ Registration Certificate
☐ Memorandum of Articles and Association ☐ Partnership Deed ☐ Trust Deed
☐ Board Resolution ☐ Power of attorney granted to its manager, office, employees to transact on its behalf
☐ Activity Proof -1⁺ (For Sole Proprietorship Only) ☐ Activity Proof -2⁺ (For Sole Proprietorship Only)

3. Address Details* (please refer the guidelines)**A. Registered Address***

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

B. Correspondence/Local Address in India (if different from above)*

Line 1* _____

Line 2 _____

Line3 _____

City/Town/Village* _____ District* _____ Pin Code* _____

State* _____ Country* _____

Name & Signature of First Authorized Signatory with Applicant's Stamp
FA 1
XX

Proof of Address* (attested copy of any one POA to be submitted—"Not more than 3 months old")

☐ Certificate of Incorporation/Formation	☐ Registration Certificate	☐ Other document _____
☐ Latest Telephone Bill* (Landline only)	☐ Latest Electricity Bill*	☐ Latest Bank Account Statement*
☐ Registered Lease/ Sale Agreement of Office Premises	Validity/Expiry Date of POA (Expiry Date) _____	
☐ Any other proof of address document (as listed overleaf) _____		

4. Contact Details

Email ID _____	Mobile No. _____
Email ID _____	Mobile No. _____
Tel (Off) _____	Fax _____

5. Annexures SubmittedNumber of Related Persons - **6. Remarks / Additional Information****7. Applicant Declaration**

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We 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/We aware that I/We may be held liable for it. I/We hereby consent to receiving information from Central KYC registry/ KRA through SMS/ Email on the above registered number/ email address.

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

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

Name & Signature of First Authorized Signatory with Applicant's Stamp**FA 2
XX**


x

Sign Here

Name of the Authorized Signatory

8. 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)**Note: Incase of any correction, sign next to the correction done. Do not use while ink. QR code must be clearly visible on Aadhar proof.**

This space is intentionally kept blank

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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****1. Identity Details of Related Person (please refer guidelines overleaf)****PAN***

Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof)**Maiden Name*** (if any)**Fathers/Spouse's Name*****Date of Birth*****Gender***☐ Male☐ Female☐ Transgender**Nationality***☐ Indian☐ Other**Qualification****Related Person Type***☐ Director☐ Promoter☐ Karta☐ Trustee☐ Partner☐ Court Appointed official proprietor☐ Beneficiary☐ Authorized Signatory☐ Beneficial Owner☐ Power of Attorney Holder☐ Others

(please specify)

DIN:

(mandatory if the related person is Director)

Recent passport
size photo of
Applicant / Related Person
First Authorised Signatory**Please Sign Across****FA 3
XX****Proof of Identity (POI) submitted for PAN exempted cases (Please tick)****A — Aadhaar Card**

XXXX XXXX _ _ _ _

**B — Passport Number**

(Expiry Date)

**C — Voter ID Card****D — Driving License**

(Expiry Date)

**E — NREGA Job Card****F — NPR****Z — Others**

(any document notified by Central Government)

Identification NumberPlease tick ☐ Not Applicable☐ Politically Exposed Person

Related to a Politically Exposed Person

2. Address Details* (please refer guidelines overleaf)**A. Correspondence/ Local Address*****Line 1*****Line 2****Line 3****City/Town/Village*****District*****Pin Code*****State*****Country*****Address Type***

Residential/Business



Residential



Business



Registered Office



Unspecified

Signature of Applicant / Related Person with stamp**FA 4
XX**

First Authorised Signatory

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1*

Line 2

Line 3

City/

Town/Village* _____ District* _____ Pin Code* _____

State*

Country* _____

Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified**Proof of Address*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)☐ A — Aadhaar Card XXXX XXXX _ _ _ _☐ B — Passport Number _____ (Expiry Date) _____☐ C — Voter ID Card _____☐ D — Driving License _____ (Expiry Date) _____☐ E — NREGA Job Card _____☐ F — NPR Letter _____☐ Z—Others _____ (any document notified by Central Government)

Identification Number _____

3. Contact Details (in CAPITAL)

Email ID _____

Mobile No. _____

Tel (Off) _____

Tel (Res) _____

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) / KRA, only for the purpose of verification of my identity and address from the database of CKYCR Registry / KRA.

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

Signature of Applicant / Related Person with stampFA 5
XX
X
Sign Here

First Authorised Signatory

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)**Note:** In case of any correction, sign next to the correction done. Do not use white ink. QR code must be clearly visible on Aadhar proof.

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Please enclose a duly attested copy of your PAN Card

Name* (same as ID proof)**Maiden Name*** (if any)**Fathers/Spouse's Name*****Date of Birth*****Gender***☐ Male☐ Female☐ Transgender**Nationality***☐ Indian☐ Other**Qualification****Related Person Type***☐ Director☐ Promoter☐ Karta☐ Trustee☐ Partner☐ Court Appointed official proprietor☐ Beneficiary☐ Authorized Signatory☐ Beneficial Owner☐ Power of Attorney Holder☐ Others

(please specify)

DIN:

(mandatory if the related person is Director)

Recent passport
size photo of
Applicant / Related Person
Second Authorised Signatory**Please Sign Across**SA 1
XX**Proof of Identity (POI) submitted for PAN exempted cases (Please tick)****A — Aadhaar Card**

XXXX XXXX _ _ _ _

**B — Passport Number**

(Expiry Date)

**C — Voter ID Card****D — Driving License**

(Expiry Date)

**E — NREGA Job Card****F — NPR****Z — Others**

(any document notified by Central Government)

Identification NumberPlease tick ☐ Not Applicable☐ Politically Exposed Person☐ Related to a Politically Exposed Person**2. Address Details* (please refer guidelines overleaf)****A. Correspondence/ Local Address*****Line 1*****Line 2****Line3****City/Town/Village*****District*****Pin Code*****State*****Country*****Address Type***☐ Residential/Business☐ Residential☐ Business☐ Registered Office☐ Unspecified**Signature of Applicant / Related Person with stamp**SA 2
XX

Second Authorised Signatory

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1*

Line 2

Line 3

City/

Town/Village* _____ District* _____ Pin Code* _____

State*

Country* _____

Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified**Proof of Address*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)☐ A — Aadhaar Card XXXX XXXX _ _ _ _☐ B — Passport Number _____ (Expiry Date) _____☐ C — Voter ID Card _____☐ D — Driving License _____ (Expiry Date) _____☐ E — NREGA Job Card _____☐ F — NPR Letter _____☐ Z—Others _____ (any document notified by Central Government)

Identification Number _____

3. Contact Details (in CAPITAL)

Email ID _____

Mobile No. _____

Tel (Off) _____

Tel (Res) _____

4. Applicant Declaration

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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: _____

Signature of Applicant / Related Person with stampSA 3
XX
X
Sign Here

Second Authorised Signatory

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 :

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Qualification

Related Person Type*☐ Director☐ Promoter☐ Karta☐ Trustee☐ Partner☐ Court Appointed official proprietor☐ Beneficiary☐ Authorized Signatory☐ Beneficial Owner☐ Power of Attorney Holder☐ Others

(please specify)

DIN:

(mandatory if the related person is Director)

Recent passport
size photo of
Applicant / Related Person
Third Authorised Signatory

Please Sign Across
Proof of Identity (POI) submitted for PAN exempted cases (Please tick)**A — Aadhaar Card**

XXXX XXXX _ _ _ _

**B — Passport Number**

(Expiry Date)

**C — Voter ID Card****D — Driving License**

(Expiry Date)

**E — NREGA Job Card****F — NPR****Z — Others**

(any document notified by Central Government)

Identification Number

Please tick



Not Applicable



Politically Exposed Person



Related to a Politically Exposed Person

2. Address Details* (please refer guidelines overleaf)**A. Correspondence/ Local Address***

Line 1*

Line 2

Line3

City/Town/Village*

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Pin Code*

State*

Country*

Address Type*



Residential/Business



Residential



Business



Registered Office



Unspecified

Signature of Applicant / Related Person with stamp

Third Authorised Signatory

B. Permanent residence address of applicant, if different from above A / Overseas Address* (Mandatory for NRI Applicant)

Line 1*

Line 2

Line 3

City/

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

Signature of Applicant / Related Person with stampTA 3
XX
X
Sign Here

Third Authorised Signatory

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 _____

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size photo of
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XX

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XXXX XXXX _ _ _ _

☐

B — Passport Number

(Expiry Date)

☐

C — Voter ID Card

☐

D — Driving License

(Expiry Date)

☐

E — NREGA Job Card

☐

F — NPR

☐

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(any document notified by Central Government)

Identification Number

Please tick ☐ Not Applicable☐ Politically Exposed Person☐ Related to a Politically Exposed Person**2. Address Details* (please refer guidelines overleaf)****A. Correspondence/ Local Address***

Line 1*

Line 2

Line 3

City/Town/Village*

District*

Pin Code*

State*

Country*

Address Type*

☐ Residential/Business☐ Residential☐ Business☐ Registered Office☐ Unspecified**Signature of Applicant / Related Person with stamp**

XX

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Line 2

Line 3

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Town/Village* _____ District* _____ Pin Code* _____

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Address Type* ☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified**Proof of Address*** (attested copy of any 1 POA for correspondence and permanent address each to be submitted)☐ A — Aadhaar Card XXXX XXXX _ _ _ _☐ B — Passport Number _____ (Expiry Date) _____☐ C — Voter ID Card _____☐ D — Driving License _____ (Expiry Date) _____☐ E — NREGA Job Card _____☐ F — NPR Letter _____☐ Z—Others _____ (any document notified by Central Government)

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3. Contact Details (in CAPITAL)

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Tel (Res) _____

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

Signature of Applicant / Related Person with stampXX
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Emp. Name _____

Emp. Code _____

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Name of Organization _____

Emp. Signature _____

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Intermediary Details*

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