

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Relationship Manager (For Existing Client) \_\_\_\_\_ Client Code \_\_\_\_\_

A. Personal Details	Client (Self)	Spouse
Title	<input type="checkbox"/> Dr. <input type="checkbox"/> CA <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Other	<input type="checkbox"/> Dr. <input type="checkbox"/> CA <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Other
Name	_____	Name _____
Date of Birth	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/> Age <input type="text"/>	Date of Birth <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/> Age <input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Status	<input type="checkbox"/> Married <input type="checkbox"/> Un-married Nationality _____	
Address	_____ City: _____ Pincode: _____	
Mobile No.	_____ Std Code. _____ Home No. _____ Office No. _____	
Email id	1. _____ 2. _____	
Family A/c Codes (if any)	1. _____ 2. _____ 3. _____ 4. _____	
<b>Preferred Language of Communication</b>		
<input type="checkbox"/> English <input type="checkbox"/> Hindi <input type="checkbox"/> Marathi <input type="checkbox"/> Gujrati <input type="checkbox"/> Others (Please specify) _____		

B. Dependents (Children, Elderly Relatives, Others)					
Name/Relationship	Age	Sex	Education	Years to Support	
1. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	
2. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	
3. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	
4. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	
5. _____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	

C. Employment Details	Client (Self)	Spouse
Employment Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired
Occupation	<input type="checkbox"/> Self Employed <input type="checkbox"/> Salaried	<input type="checkbox"/> Self Employed <input type="checkbox"/> Salaried
	<input type="checkbox"/> Others (Please specify) _____	<input type="checkbox"/> Others (Please specify) _____
	Type of Business / Profession _____	Type of Business / Profession _____

D. Income-Savings Details			
Approximate Income (per annum)	₹ _____	Savings (per annum)	₹ _____

E. Details of Outstanding Liabilities			
Credit Card Loan (Rs.) _____	ROI _____ %	Monthly EMI (Rs.) _____	
Personal Loans (Rs.) _____	ROI _____ %	Monthly EMI (Rs.) _____	
Vehicle Loan (Rs.) _____	Monthly EMI (Rs.) _____	End Date _____	
Home Loan (Rs.) _____	Monthly EMI (Rs.) _____	End Date _____	

Please note, we are gathering this data for the limited purpose of understanding your financial profile to provide appropriate guidance. **We assure you that your information will be kept strictly confidential and secure.**

## F. Investments and Protection Planning

## 1. Health Cover (Mediclaim) (Please ✓ and mention value)

☐ Individual ☐ Floater Policy Amount \_\_\_\_\_ Annual Premium (Rs.) \_\_\_\_\_

## 2. Life Cover (Please ✓ and mention value)

☐ Term Policy: Policy Amount \_\_\_\_\_ Annual Premium (Rs.) \_\_\_\_\_ End Date \_\_\_\_\_

☐ Endowment Policy: Policy Amount \_\_\_\_\_ Annual Premium (Rs.) \_\_\_\_\_ End Date \_\_\_\_\_

☐ Money Back Policy: Policy Amount \_\_\_\_\_ Annual Premium (Rs.) \_\_\_\_\_ End Date \_\_\_\_\_

☐ Children's Policy: Policy Amount \_\_\_\_\_ Annual Premium (Rs.) \_\_\_\_\_ End Date \_\_\_\_\_

☐ Pension Plans (Annuities): Policy Amount \_\_\_\_\_ Annual Premium (Rs.) \_\_\_\_\_ End Date \_\_\_\_\_

☐ ULIPs: Policy Amount \_\_\_\_\_ Annual Premium (Rs.) \_\_\_\_\_ End Date \_\_\_\_\_

## 3. Accident / Disability Cover

Policy Amount \_\_\_\_\_ Annual Premium (Rs.) \_\_\_\_\_ End Date \_\_\_\_\_

## 4. Current Value of Investments (Please ✓ and mention value):

☐ MF (Rs.) \_\_\_\_\_ ☐ FD (Rs.) \_\_\_\_\_ ☐ Bonds (Rs.) \_\_\_\_\_ ☐ PPF (Rs.) \_\_\_\_\_

☐ Gold (Rs.) \_\_\_\_\_ ☐ Others (Rs.) \_\_\_\_\_ Total (Rs.) \_\_\_\_\_

## 5. Current Value of Assets (Please ✓ and mention value):

☐ Equity (Rs.) \_\_\_\_\_ ☐ Unlisted Shares (Rs.) \_\_\_\_\_

Property ☐ Self Occupied (Rs.) \_\_\_\_\_ ☐ Rented (Monthly Rent Paid Rs.) \_\_\_\_\_

## G. Goals / Milestones with Period

## Major Goals / Milestones

## Year by which to achieve

- |          |          |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |

Are you an ☐ Investor ☐ Trader in Equity Cash Market ☐ Trader in Derivatives ☐ Others \_\_\_\_\_

Investment Preference ☐ Low Risk ☐ Moderate Risk ☐ High Risk

## Services Interested in, if Any

☐ Equity ☐ MF & IPO ☐ Insurance ☐ NRI Investment ☐ DEMAT Services  
☐ Mobile & Internet Trading ☐ MTF ☐ LAS ☐ Physical / Lost Shares Services

## NOTES / COMMENTS / SPECIAL INSTRUCTIONS

## Equities • Mutual Funds &amp; IPO • Institutional Desk • Internet &amp; Mobile Trading • NRI Desk • Depository

Registered Office - 12, Homji Street, Fort, Mumbai - 400 001 • Tel. No. +91-22-40936000 • Fax No. +91-22-22665758. Member: BSE/ NSE SEBI Registration No. - INZ000165135 Research Analyst - SEBI Registration No. INH000000867 | RA related Disclaimer link: <http://bit.ly/2F1Qc4b>. Depository Participant (CDSL) SEBI Registration No.- IN-DP-504-2020. IPO Distributor. AMFI Registered Mutual Fund Distributor ARN No. 77875 Registered Since: 04-Jan-2010 Valid till: 03-Jan-2027.\*through Sushil Capital Private Limited - NBFC No. N -13.01901. \*Through Sushil Insurance Broker Private Limited. All Investments are subject to market risks, Please read the offer document carefully before investing. \*Terms & Conditions Apply. Grievance Id: compliance@sushilfinance.com • Email: info@sushilfinance.com