Sushil Finance®
ACTIONABLE KNOWLEDGE

Profile Form

CONFIDENTIAL

Name _____ Date _____

Relationship Manager (For Existing Client) _____ Client Code _____

A. Personal Details

	Client (Self)	Spouse
Title	☐ Dr. ☐ CA ☐ Mr. ☐ Miss ☐ Mrs. ☐ Other	☐ Dr. ☐ CA ☐ Mr. ☐ Miss ☐ Mrs. ☐ Other
Name	_____	_____
Date of Birth	DD MM YYYY Age _____	DD MM YYYY Age _____
Sex	☐ Male ☐ Female	☐ Male ☐ Female

Status ☐ Married ☐ 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. _____

Preferred Language of Communication

☐ English ☐ Hindi ☐ Marathi ☐ Gujarati ☐ Others (Please specify) _____

B. Dependents (Children, Elderly Relatives, Others)

Name/Relationship	Age	Sex	Education	Years to Support
1. _____	_____	☐ M ☐ F	_____	_____
2. _____	_____	☐ M ☐ F	_____	_____
3. _____	_____	☐ M ☐ F	_____	_____
4. _____	_____	☐ M ☐ F	_____	_____
5. _____	_____	☐ M ☐ F	_____	_____

C. Employment Details

	Client (Self)	Spouse
Employment Status	☐ Full Time ☐ Part Time ☐ Retired	☐ Full Time ☐ Part Time ☐ Retired
Occupation	☐ Self Employed ☐ Salaried	☐ Self Employed ☐ Salaried
	☐ Others (Please specify) _____	☐ 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 ☐ 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 ☐ SLBM ☐ Mobile & Internet Trading ☐ MTF ☐ LAS ☐ Physical / Lost Shares Services

NOTES / COMMENTS / SPECIAL INSTRUCTIONS