FN 9

Sushil Financial Services Private Limited

Sushil Finance ®
ACTIONABLE KNOWLEDGE

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*   ☐ Resident Individual   ☐ Non Resident Indian
Please Tick (✓)   ☐ 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*	☐ Residential/Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified				

Proof of Identity (POI) Submitted for PAN exempted cases **(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)

3. C   tact Details (in CAPITAL)

Email ID*_____

Relationship with Applicant

☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Parent

4. C   tact Details (in CAPITAL)

Mobile* _____ _____

Relationship with Applicant

☐ Self ☐ Spouse ☐ Dependent Children ☐ Dependent Parent

5. Appl   ant Declaration

	Applicant Signature
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 hereby consent to receiving information from Central KYC registry/ KRA through SMS/ Email on the above registered number/ email address. I am are also aware that for Aadhar OVD based KYC, my KYC request shall be validated against 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. **DATE:** _____ (DD-MM-YYYY) **PLACE:** _____	 X Sign Here

6. 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)