

Profile Form

Name _____ Date _____
Relationship Manager (For Existing Client) _____

A. Personal Details		Client	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	_____	_____	
Date of Birth	____ Month ____ Day ____ Year ____ Age	____ Month ____ Day ____ Year ____ Age	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Status	<input type="checkbox"/> Married <input type="checkbox"/> Un-married		
Nationality	_____		
Address	_____		
Mobile No.	_____ Std Code. _____ Home No. _____ Office No. _____		
Email id	1. _____ 2. _____		
PAN No.	_____		
If Existing Client, then Client Code	_____		
Family A/c Codes (if any)	1. _____ 2. _____	3. _____ 4. _____	
Preferred Language of Communication	<input type="checkbox"/> English <input type="checkbox"/> Hindi <input type="checkbox"/> Marathi <input type="checkbox"/> Gujarati <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	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	_____	_____	

D. Income-Savings Details				
Income (per annum)	<input type="checkbox"/> < 5 lacs	<input type="checkbox"/> 5 lacs to 10 lacs	<input type="checkbox"/> 10 lacs to 20 lacs	<input type="checkbox"/> 20 lacs and above
Savings (per annum)	<input type="checkbox"/> < 2 lacs	<input type="checkbox"/> 2 lacs to 3 lacs	<input type="checkbox"/> 3 lacs to 6 lacs	<input type="checkbox"/> 6 lacs and above

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

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)

<input type="checkbox"/> Term Policy:	Policy Amount _____	Annual Premium (Rs.) _____	End Date _____
<input type="checkbox"/> Endowment Policy:	Policy Amount _____	Annual Premium (Rs.) _____	End Date _____
<input type="checkbox"/> Money Back Policy:	Policy Amount _____	Annual Premium (Rs.) _____	End Date _____
<input type="checkbox"/> Children's Policy:	Policy Amount _____	Annual Premium (Rs.) _____	End Date _____
<input type="checkbox"/> Pension Plans (Annuities):	Policy Amount _____	Annual Premium (Rs.) _____	End Date _____
<input type="checkbox"/> 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) :

<input type="checkbox"/> MF (Rs.) _____	<input type="checkbox"/> FD (Rs.) _____	<input type="checkbox"/> Bonds (Rs.) _____	<input type="checkbox"/> PPF (Rs.) _____
<input type="checkbox"/> Gold (Rs.) _____	<input type="checkbox"/> Others (Rs.) _____	<input type="checkbox"/> Total (Rs.) _____	

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

<input type="checkbox"/> Equity (Rs.) _____	
<input type="checkbox"/> Property (Rs.) _____	<input type="checkbox"/> Self Occupied (Rs.) _____ <input type="checkbox"/> 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 ☐ Equity ☐ Currency ☐ Institutional Equity
☐ NRI ☐ Internet Trading ☐ MF & IPO ☐ Insurance
NOTES / COMMENTS / SPECIAL INSTRUCTIONS**Declaration**

I/We hereby, declare that the above information provided by me/us is factual and correct.

Signature: _____

Date: _____



• Equities • Currencies • Institution Desk • PCG & NRI Desk • LAS# • Internet Trading • Mutual Fund & IPO • Depository • Insurance##

Disclaimer

 Sushil Financial Services Private Limited, 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. Distributor of Mutual Funds and IPO - ARN No.77875. #through Sushil Capital Private Limited - NBFC No. N -13.01901 . Disclaimer: All Investments are subject to market risk. Please read the offer document carefully before investing. *Terms & Conditions Apply. ##through Sushil Insurance Brokers Private Limited-IRDA License No.: 427 : Insurance is the subject matter of solicitation. Grievance Id: compliance@sushilfinance.com • Email: info@sushilfinance.com • Website: www.sushilfinance.com