

ASHUTOSH FINANCIAL SERVICES PVT. LTD.		Div. : Ashutosh Investment Advisory	
		Doc No. : AFSP-L-AIA RMD-01	
Customer Data Form (P)		Rev. No. & Date : 03/10.03.17	
File Name : _____		File No.: <table border="1" style="display: inline-table; width: 50px; height: 20px; vertical-align: middle;"></table>	
Reference : _____			
Personal Details			
Particulars	1st Applicant	2nd Applicant	3rd Applicant
Name of the Applicant (As per PAN Card)			
Date of Birth	_____/_____/_____ (DD / MM / YYYY)	_____/_____/_____ (DD / MM / YYYY)	_____/_____/_____ (DD / MM / YYYY)
Place of Birth			
Sex	Male / Female	Male / Female	Male / Female
Name of guardian (In case of applicant is minor)			
Status of the Applicant	Individual / NRI (Repatriable - Non Repatriable) / HUF / Company / Trust / Society / Partnership		
Mobile No.			
E-mail address			
FATCA & KYC Details			
Particulars	1st Applicant	2nd Applicant	3rd Applicant
Gross Annual Income (INR)	<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> Below 1 Lakh	<input type="checkbox"/> Below 1 Lakh
	<input type="checkbox"/> 1 Lakh to 5 Lakh	<input type="checkbox"/> 1 Lakh to 5 Lakh	<input type="checkbox"/> 1 Lakh to 5 Lakh
	<input type="checkbox"/> 5 Lakh to 10 Lakh	<input type="checkbox"/> 5 Lakh to 10 Lakh	<input type="checkbox"/> 5 Lakh to 10 Lakh
	<input type="checkbox"/> 10 Lakh to 25 Lakh	<input type="checkbox"/> 10 Lakh to 25 Lakh	<input type="checkbox"/> 10 Lakh to 25 Lakh
	<input type="checkbox"/> 25 Lakh to 1 Cr.	<input type="checkbox"/> 25 Lakh to 1 Cr.	<input type="checkbox"/> 25 Lakh to 1 Cr.
	<input type="checkbox"/> 1 Cr. to Above	<input type="checkbox"/> 1 Cr. to Above	<input type="checkbox"/> 1 Cr. to Above
Occupation			
Birth Place			
Mother's Name			
NRI Customer Details - Applicable to NRI Only			
Int'l Tax Identification No. (As PAN No. in India)			
Nomination Details			
Name of Nominee :	_____		Birth Date : ____/____/_____ (DD / MM / YYYY)
Name of Guardian (In case of applicant is minor) :	_____		
Relationship with 1st Applicant :	_____		
Address of Nominee (In case of different from applicant's address) :	_____		
City with Post Code :	_____	Country:	_____
Customer Expectations (If Any)		Our Committed Services to the Customer	
Documents Collected (Tick <input checked="" type="checkbox"/>)			
<input type="checkbox"/>	Copy of PAN Card.	<input type="checkbox"/>	Partnership Deed.
<input type="checkbox"/>	Copy of KYC (if applicable).	<input type="checkbox"/>	Resolution / Authorisation for investment.
<input type="checkbox"/>	Power of attorney (if applicable).	<input type="checkbox"/>	Bye - Laws.
<input type="checkbox"/>	Memorandum & Article of Asso.	<input type="checkbox"/>	Address Proof
<input type="checkbox"/>	Trust Deed.		
Sign of RM with Name: _____			