

CLIENT ENROLMENT FORM

NAME : _____

ADDRESS : _____

TEL. NO. : _____
EMAIL ID : _____

AGE : _____ yrs MARITAL STATUS : _____

CHILDREN : _____ AGE : _____

ANNUAL INCOME : Rs. _____

PURPOSE OF INVESTMENT : Child Education _____
Retirement _____
Wealth Creation _____
PMS (MF & Equity) _____
Tax Saving _____
Insurance - Life _____ Health _____
Others _____

RISK APPETITE : Conservative _____
Moderate _____
Aggressive _____

PREVIOUS INVESTMENT DETAILS : (Purpose :to give proper advise) :

Signature :

(Note: Details in the form will be kept confidential and will be used for giving proper advise to the client)