## **Client Profiling Form (Individual/Family)**



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Note: Please fill Annexure 1, if you are taking investment decisions for other family members including Proprietary Firms, Partnership Firms, Trusts & Other Entities excluding Companies/Body Corporates

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<b>Product Preference</b>	е	_				
Mutual Fund Equity	Mutual F	and Debt	Mutual Fund SIP	Corpora	te Bond	PMS*
FD	Demat	e & Trading	Insurance	Realt	ty	AIF*
Other						
*PMS = Portfolio Man	agement Services *	AIF = Alternative In	nvestment Funds			
Client Insight						
Occupation* Service	e Busir	ness Retired	l Housewife	Others (Please Spe	cify)	
If in service Private	e Ltd MNC	Govt.	Public Ltd	Others (Please Sp	pecify)	
Company / Organisa	tion			Designation		
If in business	Sole Proprietorsh	ip	Partnership	Private Ltd.	Public Ltd.	
	Others (Please	Specify)				
	Others (1 rouse	Specify				
Annual Income	Below Rs. 5 Lacs	Rs.	5 – Rs. 10 Lacs	Rs. 10 – Rs. 25 La	cs Rs. 25 Lacs &	Above
	Net Worth					
Exiting Life Insuranc	e Cover (Rs.)					
Exiting Health Insura	ince Cover (Rs.)					
Home Ownership	Owned by Self/S	pouse	Rented	Paying Guest	Company Provid	ded
Risk Category	Aggressive	Moderate	Conservative	(You can use Risk	Profiling Questionnaire to d	derive this)
Signature of Principal De	cision Maker					