



Sub Client IDs

1									
2									
3									
4									

Main Client ID																				
Client Category																				
Activation Date																				
RM ID																				
RM Name																				

## Client Relationship Form

**Please fill clearly in BLOCK LETTERS**  
**\* Mandatory Information**

**Status**  
 Resident  NRI  HUF  Trust  Company  Others

### Account Holder Details

Name\*  Date of Birth  D D M M Y Y Y Y

PAN\*  Nationality  CVL KRA Compliance Y  N

Mailing / Correspondence address and contact details\*

Address

City\*  PIN Code

State\*  Country

Mobile\*  Telephone

Email\*

### Family Members

	Name	Date of Birth	Relationship	PAN	CVL KRA Status
1. Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
2. Child-1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
3. Child-2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
4. Child-3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

### Details of Head of Family

Occupation Service  Business  Retired  Housewife  Others (Pl.specify)

If in service Private Limited  MNC Govt.  Public Limited  Others (Pl.specify)

Company / Organization  Designation

If in business Sole Proprietorship  Partnership  Private Ltd.  Public Ltd.

Others (Please specify)

### Services required (Please choose from the options below)

Mobile App Facility Yes  No

Web Portfolio Facility Yes  No

Telephonic updates with registered No. Yes  No

Research Reports (E-mail only) Monthly Updates  Event Based Updates

SMS Facility Yes  No

### Declaration

I have undergone the risk profiling process and I agree with the risk category I have placed under based on my risk profile assessment.

**OR**

I have undergone the risk profiling process. However, I do not agree with the risk category specified therein and I want to modify the risk category.  
 Based on my own assessment and attitude towards risk and investment, I prefer to be placed under risk category .....

**Please tick: -**

Conservative       Moderately Conservative       Balanced       Moderately aggressive       Aggressive

**Terms and conditions:**

- 1) Recommendations will be made based by **Way2Gro Financial Services** on the facts and information as disclosed by you. You are therefore solely and completely responsible for providing us with the correct and complete information, facts and figures under this Risk Profiler that might affect the manner in which the service set forth are provided to you.
- 2) Your risk profile and investment objectives may change over time. You should discuss such changes with your relationship manager in order to adjust your investor profile accordingly and to offer you a recommendation appropriate to your revised investment objectives, preferences and financial goals.
- 3) The recommendations offered by **Way2Gro Financial Services** are for your consideration only and it is not obligatory or necessary for you to act on them.
- 4) The investment in any product / fund / securities etc. will be on the basis, subject to and as per the terms and conditions of the specific product's / fund's /security's offer document, key information memorandum, risk disclosure document, product or sales brochure or any other related documents. You must therefore review and read these documents carefully before making any investment decision.
- 5) Once you make your independent decisions, **Way2Gro Financial Services** would only carry out your instructions in the manner communicated.
- 6) Kindly check the Tax implications / Pre-closing charges / entry or exit load structure before Investing / Switching / Redeeming.
- 7) We may at any time, as it sole discretion, alter, change or amend any of these terms and conditions and / or withdraw any of the services offers to the client.

**Declaration**

I / We would like to be registered with **Way2Gro Financial Services** as an existing client/new client. I would like to receive latest information on all investment options offered by them. I hereby give my consent to **Way2Gro Financial Services**, its employees/agents to contact me through any telecommunication services, email, mail etc. to update me on the latest options even it is registered under NDNC. I hereby declare that the registration form is truly stated.

I have read and understood terms & conditions and agree to the same.

**Signature of the Head of the Family**

**Signature of RM**

**Date**