KYC (KNOW YOUR CUSTOMER) FORM FOR COMPANY

Date: Branch:

| Branch: | | | | | |
|---|---|---------------------------|-------|-------|---------------------------------------|
| Name of the Customer | : | | | | |
| Address along with the State, Pin Code, Telephone Number and Website | : | | | | |
| Constitution - Type of Customer - (Pvt Limited, LTD, Partnership, Proprietorship etc.) | : | | | | |
| Constitution - Status of Customer - (Shipping Line, Exporter, Importer, CHA, Freight Forwarder, Business Associate) | : | | | | |
| Year of Establishment | : | | | | |
| Name of Director/Partner with address and email Id | : | | | | |
| PAN Number of the customer | : | | | | |
| Aadhar Card No. (In case of Sole Proprietor) | : | | | | |
| Branch Offices & Address | : | | | | |
| GSTIN Details | : | Office/Billing Address | State | GSTIN | Remarks, if Any |
| | | | | | |
| | | | | | |
| | | | | | |
| Annual Turnover | : | Export | | | |
| | | Imp | ort | ļ | |
| MTO/IEC Code/CHA and validity | | | | | |
| AEO with Validity | | | | | |
| Export Commodities | : | | | | |
| Contact Person with Phone Number | : | Export Import | | | |
| Email ID for receiving BL Drafts, Export Queries, DSR, Invoice | : | , in p | · · | | |
| Email Id for receiving Arrival Notices, DO, Import Queries, DSR, Invoices | : | | | | |
| Bank Details | : | | | | |
| · | | | | | · · · · · · · · · · · · · · · · · · · |

PLS PROVIDE SELF ATTESTED PHOTOCOPIES OF BELOW MENTIONED DOCUMENTS FOR OUR RECORDS (MANDATORY *): *PAN CARD COPY, *PHOTOCOPY OF TAN, *GST CERTIFICATE *ADDRESS PROOF - (TELEPHONE BILL / ELECTRICITY BILL / LEASE DEED COPY)

We hereby declare that the particulars given herein are true, correct and complete to the best of my knowledge and belief, the documents submitted along with his application are genuine and obtained legally from respective authority.

 $Please\ note\ the\ following:$

- The above KYC is valid for a period of one year from the above mentioned date
- Any change in the above information before the expiry of the KYC should be intimated by the company

Signature (Auth Sign.)

Name: Designation: Date:

| For Official Purpose only: | | | | |
|----------------------------|--------------|--|--|--|
| | | | | |
| | | | | |
| | Signature | | | |
| | (Auth Sign.) | | | |
| | Name: | | | |
| | Designation: | | | |
| | Date: | | | |