

KNOW YOUR CUSTOMER (KYC) APPLICATION FORM

Date:

| | | | |
|---|--------------------------|------------------------|--------------------------|
| Import / Exporter | | | |
| CHA Name / License Number: | | | |
| Address | | | |
| Head Office / Registered Office : | | | |
| | CITY : | | |
| | STATE : | | |
| | PINCODE: | | |
| GSTIN | | | |
| Whether Billing Address: | YES/NO | | |
| Branch Office 1 : | | | |
| | CITY: | | |
| | STATE: | | |
| | PINCODE: | | |
| GSTIN | | | |
| Whether Billing Address: | YES/NO | | |
| Status / Constitution | | | |
| <i>*Please Fill Square with black color which is applicable</i> | | | |
| Proprietorship | <input type="checkbox"/> | Public Limited Company | <input type="checkbox"/> |
| Partnership | <input type="checkbox"/> | Other (Specify) | <input type="checkbox"/> |
| Private Limited Company | <input type="checkbox"/> | | |
| | | | |
| Group Detail [IF applicable] | | | |
| Name of Group to Which Company belongs : | | | |
| Name of Holding Company (If Applicable) : | | | |
| Name of Subsidiary Company(ies): | | | |
| Name of Other Group Company(ies): | | | |
| Contact Detail of Head of The Organization [IF applicable] | | | |
| Name : | | Designation : | |
| Date Of Incorporation: | | Head of Organization : | |

| | | | |
|---|--|--------------------------------------|--|
| Landline no : | | Mobile No : | |
| Fax No : | | Email : | |
| Registration Detail Required With Supporting | | | |
| PAN No. : | | VAT / Sales Tax No. : | |
| CST No. : | | Services Tax No. : | |
| ECC NO. : | | MSME Scale Registration No. : | |
| TIN NO.: | | SEZ Registration No. : | |
| TAN NO: | | ISO Certification Details : | |
| Excise No. : | | | |
| Bank Name | | Bank Account number | |
| Branch Name & address | | RTGS/NEFT Payment (IFSC code) No. | |

Note: Photocopy of all applicable certificates is required including GSTIN Certificate for all locations mentioned.

| | |
|---|--|
| Contact Details | |
| Department Head/Contact Person | |
| Name : | |
| Email ID : | |
| Contact No. (Office & Mobile) : | |
| Designation : | |
| Details of Concerned Person For Accounts / Finance : | |
| Name : | |
| Email ID : | |
| Contact No. (Office & Mobile) : | |
| Designation : | |

| | |
|---------------------------------|--|
| For CHA Contact Details | |
| License Holder | |
| Name : | |
| Email ID : | |
| Contact No. (Office & Mobile) : | |