

To M/s. Star Shipping Services (I) Pvt. Ltd. MUMBAI		
<b><u>KNOW YOUR CUSTOMER FORM</u></b>		
Date : 16/07/19	<b><u>22.06.2019</u></b>	<b>Valid for one year only</b>
Sl. No.	Particulars	(To be Filled by Client)
1	Name & Address of Shipper / Consignee / CHA	
2	Constitution (Whether Pvt. Ltd., LTD., Partnership, Proprietorship)	
3	Date of Establishment	
4	Permenant Account No. (PAN)	
5	Value Added Tax Registration No. (VAT)	
6	Service Tax Registration No.	
7	Import / Export code	
8	Nature of Business	
9	Name and Address of Directors / Partners with DIN & Tel. Nos. E-Mail id :	
10	Turnover of the Company Sales( Rs.in 000's)	2017-2018
		2018-2019
11	No. of employees	
12	Name & Contact details of Accounts / Finance Head	
13	Details of Branch offices of the Company	
14	Name of Decision maker or person interacting on day to day basis for business	
15	Bank Details	Name & Address
		Telephone No. (Bank)
		A/c. No.
		MICR No. of the Bank
16	Copy of Canceled Cheque	RTGS Code No.
17	Approximate Committed volumes in terms of TEUS, Freight amounts & No of Shipments	
18	I hereby declare the above information is true & correct. Authorised Signature with Co. Seal	

**(To be filled up by shipping line name)**

19	Signature of Sales Personnel Recommending the customer	
20	Comments/approval of Dept. Head of <b>shipping line name</b>	

21	Comments/approval of Dept. In-charge of <b>shipping line name</b>	
22	Remarks	