

To
Zim Integrated Shipping Services (I) Pvt. Ltd.
MUMBAI

KNOW YOUR CUSTOMER FORM

Date :
16/03/17

Valid for one year only

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	
		RTGS Code No.	
16	Copy of Canceled Cheque		
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 shipping line name	

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