To, Date :

ONE (Ocean Network Express ) Line (India) Pvt. Ltd.

|  |  |  |  |
| --- | --- | --- | --- |
| NAME OF THE SHIPPER / CONSIGNEE | |  | | --- | |  | |  | |
| ADDRESS OF THE SHIPPER / CONSIGNEE | |  | | --- | |  | |  | |  | |  | |  | |
| IEC NUMBER |  |
| GST NUMBER |  |
| OFFICE CONTACT NUMBER | |  |  | | --- | --- | | 1 |  | | 2 |  | | 3 |  | |
| OFFICE FAX NUMBER | |  | | --- | |  | |
| OFFICE WEBSITE ADDRESS | |  | | --- | |  | |
| EMAIL ID FOR RECEIVING BL DRAFT , E-BL, EXPORT QUERIES  *\*Not applicable for Consignees* | |  |  | | --- | --- | | 1 |  | | 2 |  | | 3 |  | |
| EMAIL ID FOR RECEIVING EXPORT INVOICES  *\*Not applicable for Consignees* | |  |  | | --- | --- | | 1 |  | | 2 |  | | 3 |  | |
| EMAIL ID FOR RECEIVING ARRIVAL NOTICES,  E- DO, IMPORT QUERIES  *\*Not applicable for Shippers* | |  |  | | --- | --- | | 1 |  | | 2 |  | | 3 |  | |
| EMAIL ID FOR RECEIVING IMPORT INVOICES  *\*Not applicable for Shippers* | |  |  | | --- | --- | | 1 |  | | 2 |  | | 3 |  | |
| ESCALATION CONTACT  (*In case of Emergency*) | |  |  | | --- | --- | | MOBILE 1 |  | | MOBILE 2 |  | | MOBILE 3 |  | |

We hereby certify that the aforesaid details are true and correct. Please find attached copies of

**1.** IEC **2.** Company Registration **3.** GST Certificate **4.** PAN card **5.** Electricity bill (and/or) MTNL bill.

All copies are duly attested by the Authorised Signatory of *"Name of Shipper / Consignee".*

**6**. Bank account details are duly attested by the bank.

Incase of any change in above details, we agree to keep your office informed and re-submit the relevant documents along with the revised KYC form.

For

Name :

Designation :