**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 |
| *\*Please Fill Square with black color which is applicable* |
| Proprietorship |  | Public Limited Company |  |
| Partnership |  | Other (Specify) |  |
| Private Limited Company |  |  |  |
|  |  |  |  |
|  |
| 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) : |  |