**KNOW YOUR CUSTOMER FORM**

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| 1. | Name of Company  If Partnership firm (name of all partners) | | | |  | | |
| 2 | Year of Establishment | | | |  | | |
| 3 | Nature of Company Ownership | | | | * Individual/Proprietary firm * Company * Trusts/Foundations * Partnership firm | | |
| 4 | **Name of Promoters / Directors Contact Details** | | | | | | |
| 5 | Contact Persons | Designation | Mobile No. | E-mail Identities | | Signatory to Bank A/c. (Y/N) |
|  |  | Partner/M.D. |  |  | |  |
|  |  |  |  |  | |  |
|  |  |  |  |  | |  |
| 6 | Nature of Business | | | |  | | |
| 7 | Permanent or Registered address  Telephone  Fax number  Mobile Number  E-mail address  Website | | | |  | | |
| 8 | Branch address (if any)  Telephone  Fax number  E-mail address | | | |  | | |
| 9 | In case of CHA / NVOCC / Consolidator  (a) License No. (Copy)  (b) Member of BCHAA | | | |  | | |
| 10 | PAN No. (Mandatory) | | | |  | | |
| 11 | TAN No. | | | |  | | |
| 12 | Service Tax No. | | | |  | | |
| 12 | TIN No. | | | |  | | |
| 14 | IEC No. (Not mandatory for individuals) | | | |  | | |
| 15 | Bank Name | | | |  | | |
| 16 | Accounts Number | | | |  | | |
| 17 | Branch | | | |  | | |
| 18 | IFSC CODE | | | |  | | |
| 19 | Provision GSTN No. | | | |  | | |
| 20 | ARN No. | | | |  | | |

I/We hereby declare that the particulars given herein above are true, correct and complete to the best of my/our knowledge and belief, the documents submitted in support of this Form KYC are genuine and obtained legally from the respective issuing authority. In case of any change in any of the aforementioned particulars, I/we undertake to notify you in writing failing which the above particulars may be relied upon including all shipments/documents executed and tendered by the individual so authorized and mentioned in above. I/we hereby authorize you to submit the above particulars to the customs and other regulatory authorities on my/our behalf as may be required in order to transport and customs clear my/our shipments.

Place: Signature

Date: Name:

Official Seal (for all other than individuals)

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| **\*\*Documents required for Customers / Vendor Registration:** | | |
| 1 | Individual  *(minimum two documents required)* | (i) Passport  (ii) PAN card  (iii) Voter’s Identity card  (iv) Driving licence  (v) Bank account statement  (vi) Ration card |
| 2 | Company  *(all docs required)* | (i) Certificate of incorporation  (ii) Memorandum of Association  (iii) Articles of Association  (iv) Power of Attorney granted to its managers, officers or employees to transact business on its behalf  (v) PAN (or) Copy of PAN allotment letter  (vi) Copy of telephone bill for address proof |
| 3 | Partnership firm  *(all docs required)* | (i) Registration certificate, if registered  (ii) Partnership deed  (iii) Power of Attorney granted to a partner or an employee of the firm to transact business on its behalf  (iv) Any officially valid document identifying the partners and the person holding the Power of Attorney and their addresses  (v) Telephone bill in the name of firm/ partners |

***FOR INTERNAL USE:***

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| 1 | WEBSITE: a) Has the website been checked? | YES / NO |
| b) Does the details on website tally with the above information? | YES / NO |
| 2 | Have we visited the office? (Please mention the person visited). | YES / NO  Person Name : |
| 4 | Remarks / Notes, If any : |  |