


To,
SHIPMENT SOLUTIONS

KNOW YOUR CUSTOMER (KYC) FORM

Date :

Sr. No.	Particulars	(To be Filled by Shipper/ Consignee / CHA)										
1	Name & Address of Consignee / Forwarder/CHA*(INVOICE PARTY)	SHIPWAVES ONLINE PRIVATE LIMITED 704,Star Hub, Building no.1, Behind ITC Grand Maratha Hotel, International Airport Road, Sahar, Andheri East, Mumbai Maharashtra-400059 India										
2	Constitution (Pvt. Ltd., LTD., Partnership, Proprietorship)*	PRIVATE LIMITED										
3	Date of Establishment *	2/27/2015										
4	IEC No. * (if Consignee / Shipper) (IEC COPY REQUIRED)	AAVCS4771J										
5	CHA / MTO No (if CHA / Forwarder)	MTO/DGS/1642/DEC/2022										
6	Permenant Account No. (PAN) *	AAVCS4771J										
7	Tax Deduction Account Number(TAN)*	BLRS52452B										
8	GST Registrarion No.*(GST COPY REQUIRED)	27AAVCS4771J2ZH										
9	Nature of Business *	Freight Forwarding										
10	Name, Mobile No, Tel Nos and E-Mail id of Accounts / Finance Head*	Azgar Thavseen 9945401477 accounts@shipwaves.com										
11	Name & Mobile No, Tel. Nos and E-Mail id of Decision maker or Authorised person interacting on day to day basis for business*	K Mohammed Althaf info@shipwaves.com										
12	Bank Details *	<table border="1"><tr><td>Name & Address</td><td>HDFC BANK RICHMOND ROAD BANGLORE</td></tr><tr><td>Telephone No. (Bank)</td><td>080-66633042</td></tr><tr><td>A/c. No.</td><td>57500000493758</td></tr><tr><td>MICR No. of the Bank</td><td></td></tr><tr><td>RTGS Code No.</td><td>HDFC0000523</td></tr></table>	Name & Address	HDFC BANK RICHMOND ROAD BANGLORE	Telephone No. (Bank)	080-66633042	A/c. No.	57500000493758	MICR No. of the Bank		RTGS Code No.	HDFC0000523
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A/c. No.	57500000493758											
MICR No. of the Bank												
RTGS Code No.	HDFC0000523											
13	I hereby declare the above information is true & correct, In case of any changes in the above details, we agree to keep your office informed and re-submit the relevant documents along with the revised KYC form.											
14	Authorised Signature with Company Seal*											
15	Full Name of the Authorised Signatory*	SIRAJ ABDUL KHADER										
16	Place of Submission	DUBAI										

