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Basic Information

1. User ID: 031975   **2. Password:**   SHIP   **3. Not Applicable:**

4. Organization No: 031975   **5. Affiliated Organizations:**

6. Your Name: MR. CHANDRA VARMA

7. Company: SHIPMENT SOLUTIONS PRIVATE LIMITED

8. 1st Address Line: FIRST FLOOR, SRI SIDHIVINAYAKA APARTMENTS, ILLOM

9. 2nd Address Line: ROAD, ERNAKULAM, KERALA

10. City: KOCHI

11. State or Province: **12. Postal Code:** 682016   **13. Country**   INDIA

14. Your Email Address: VARMA@SHIPMENTSOLUTIONS.IN

15. Phone No: 48-4430-0216   **16. FAX No:**

17. Send Information by Email: Yes

Billing Information

18. Contact: MR. CHANDRA VARMA

19. Company Name: SHIPMENT SOLUTIONS PRIVATE LIMITED

20. 1st Address Line: FIRST FLOOR, SRI SIDHIVINAYAKA APARTMENTS, ILLOM

21. 2st Address Line: ROAD, ERNAKULAM, KERALA

22. City: KOCHI

23. State or Province: **24. Postal Code:** 682016   **25. Country**   INDIA

26. Access Level: OWN

Definitions of Access Levels:
SUM = free access to tariff rules only
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