



To,
SHIPMENT SOLUTIONS

KNOW YOUR CUSTOMER (KYC) FORM

Date : 30-01-2023

Sr. No.	Particulars	(To be Filled by Shipper/ Consignee / CHA)	
1	Name & Address of Consignee / Forwarder/CHA *(INVOICE PARTY)	INFIFRESH FOODS PRIVATE LIMITED NO.86 1ST AND 2ND FLOOR, UDAY MANSION,KORAMANGALA INDUSTRIAL LAYOUT,BANGALORE,BENGALURU URBAN,KARNATAKA,560095	
2	Constitution (Pvt. Ltd., LTD., Partnership, Proprietorship) *	PRIVATE LTD	
3	Date of Establishment *		
4	IEC No. * (if Consignee / Shipper) (IEC COPY REQUIRED)	AAFCI6538K	
5	CHA / MTO No (if CHA / Forwarder)		
6	Permenant Account No. (PAN) *	AAFCI6538K	
7	Tax Deduction Account Number(TAN)*	BLRI10228B	
8	GST Registrarion No.*(GST COPY REQUIRED)	29AAFCI6538K1Z1	
9	Nature of Business *		
10	Name, Mobile No, Tel Nos and E-Mail id of Accounts / Finance Head *	narayan.g@captainfresh.in	
11	Name & Mobile No, Tel. Nos and E-Mail id of Decision maker or Authorised person interacting on day to day basis for business *	Mr.Dharmendra-9082619556 dharmendra.yadav@captainfresh.in	
12	Bank Details *	Name & Address	
		Telephone No. (Bank)	
		A/c. No.	
		MICR No. of the Bank	
		RTGS Code No.	
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 *	Yashash K	
16	Place of Submission		