



# VIBRANT SHIPPING SERVICES

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info@vibrantss.com

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## KYC FORM

Sr.No.		
1.	*Name of Establishment	VIBRANT SHIPPING SERVICES
2.	*Nature of company – Ownership: Family/Trust/Foundation Partnership/ Company/Individual/Puplic/Private	PROPRIETOR
3.	*Full Name of the Promoters/ Directors/Partners/Proprietor	SAVARIA PITCHAI BRIGHTON
4.	*Registered Address of Business	3/101-10D1,TIRUCHENDUR MAIN ROAD, MUTHAIAHPURAM,THOOTHUKUDI - 628005
5.	Preferred Address required on Invoice (if different to registered place of business)	3/101-10D1,TIRUCHENDUR MAIN ROAD, MUTHAIAHPURAM,THOOTHUKUDI - 628005
6.	Turnover (Annual)	
7.	*I E C Code	
8.	*Contacts: Telephone Number	0461 - 2003099
	Mobile Number	6383050972
	E-Mail	info@vibrantss.in
9.	*Pan Card Number	AJPPB7382N
10.	*TAN Number	
11.	*Aadhar Card No(For Proprietor)	9896 8118 7645
12.	*GSTIN No.(As per invoice address)	33AJPPB7382N1ZP
13.	*Name of the Entitled Point of Contact (POC)-MD / CEO / CFO / COO / CCO / Sr.Manager with contact details (must be the decision maker) responding on behalf of the company (special attention when shippers / consignees are the same, as freight forwarders / Brokers)	
14.	*Signature of the individuals who has completed documents (attesting evidences acting as authorized company representative, whether senior company official or just electronic signatures	
15.	*If your organisation is C-TPAT / AEO Certified (Please specify if "YES")	

