

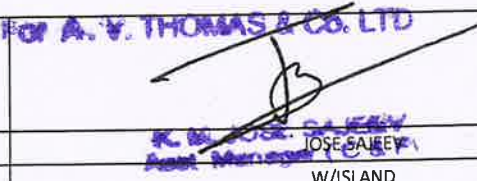
A.V. THOMAS & CO. LTD.

P.B. No. 520, Bristow Road, Willingdon Island, Cochin-682 003, S.India
 Tel : 91-484-2666321, 2666323 Fax : 91-484-2668493 E-mail : email@avtco.com
 CIN : U51109KL1935PLC000024

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)	A.V.THOMAS AND CO.LTD , BRISTOW ROAD, WILLINGDON ISLAND, COCHIN-682003
2	Constitution (Pvt. Ltd., LTD., Partnership, Proprietorship) *	LTD
3	Date of Establishment *	07.12.1988
4	IEC No. * (if Consignee / Shipper) (IEC COPY REQUIRED)	1088006817
5	CHA / MTO No (if CHA / Forwarder)	5
6	Permenant Account No. (PAN) *	AABCA8810G
7	Tax Deduction Account Number(TAN)*	
8	GST Registrarion No.*(GST COPY REQUIRED)	32AABCA8810G1Z4
9	Nature of Business *	IMPORT AND EXPORT
10	Name, Mobile No, Tel Nos and E-Mail id of Accounts / Finance Head *	cnfaccounts@avt.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 *	9847083018
12	Bank Details *	Name & Address BANK OF BARODA, W/ISLAND
		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 *	JOSE SAILEY Asst. Manager
16	Place of Submission	W/ISLAND