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AREETHARA BLDGS , DOOR NO .655, P.P .ASSUMPTION COLLEGE , CHANGANACHERRY ,KOTTAYAM KERALA 686101

To, SHIPMENT SOLUTIONS		<b>KNOW YOUR CUSTOMER (KYC) FORM</b>	
Date :		11/03/2023	
Sr. No.	Particulars	(To be Filled by Shipper/ Consignee / CHA)	
1	Name & Address of Consignee / Forwarder/CHA*(INVOICE PARTY)	A .M. FRUITS, AREETHARA BLDGS, DOOR NO.655, P.P. ASSUMPTION COLLEGE, CHANGANACHERRY, KOTTAYAM, KERALA, 686101	
2	Constitution (Pvt. Ltd., LTD., Partnership, Proprietorship) *	Proprietorship	
3	Date of Establishment *		
4	IEC No. * (if Consignee / Shipper) (IEC COPY REQUIRED)	1013002474	
5	CHA / MTO No (if CHA / Forwarder)	LEAAP FORWARDERS PVT LTD	
6	Permenant Account No. (PAN) *	ACNPM9672M	
7	Tax Deduction Account Number(TAN)*		
8	GST Registrarion No.*(GST COPY REQUIRED)	32ACNPM9672M3ZS	
9	Nature of Business *	Trade/Retail – Importer	
10	Name, Mobile No, Tel Nos and E-Mail id of Accounts / Finance Head *		
11	Name & Mobile No, Tel. Nos and E-Mail id of Decision maker or Authorised person interacting on day to day basis for business *		
12	Bank Details *	Name & Address	CHANGANACHERRY
		Telephone No. (Bank)	
		A/c. No.	10370200013345
		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 *	<b>For AM FRUITS</b>  <b>Proprietor</b>	
15	Full Name of the Authorised Signatory *		
16	Place of Submission		