


To,
SHIPMENT SOLUTIONS

KNOW YOUR CUSTOMER (KYC) FORM

Date : 09-03-23

Sr. No.	Particulars	(To be Filled by Shipper/ Consignee / CHA)	
1	Name & Address of Consignee / Forwarder/CHA*(INVOICE PARTY)	Axis International, 463-B5, Mulakkal Arcade South Vegetable Market Road, Nettor P.O., Ernakulam -682040 Kerala,India.	
2	Constitution (Pvt. Ltd., LTD., Partnership, Proprietorship)*	Partnership	
3	Date of Establishment *	24-06-13	
4	IEC No. * (if Consignee / Shipper) (IEC COPY REQUIRED)	1013006887	
5	CHA / MTO No (if CHA / Forwarder)	ACCRETE SHIPPING SERVICES	
6	Permenant Account No. (PAN) *	AAYFA0069R	
7	Tax Deduction Account Number(TAN)*	CHNA05990F	
8	GST Registrarion No.*(GST COPY REQUIRED)	32AAYFA0069R1ZT	
9	Nature of Business *	Imports of Fruits	
10	Name, Mobile No, Tel Nos and E-Mail id of Accounts / Finance Head*	Praveen Kumar K V, 9072366767, axisintindia@hotmail.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*	Sulaiman Thekkethil, 9995099999, axisdxb@live.com	
12	Bank Details *	Name & Address	ICICI BANK LTD, MARADU BRANCH, ERNAKULAM, KERALA
		Telephone No. (Bank)	7977786898
		A/c. No.	323505000643
		MICR No. of the Bank	682229028
		RTGS Code No.	ICIC0003235
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*	 SHABNAM SULAIMAN Partner	
15	Full Name of the Authorised Signatory*	SHABNAM SULAIMAN	
16	Place of Submission	COCHIN	