

To,
SHIPMENT SOLUTIONS**KNOW YOUR CUSTOMER (KYC) FORM**

Date : 28-07-22

Sr. No.	Particulars	(To be Filled by Shipper/ Consignee / CHA)	
1	Full Name of the Authorised Signatory *	Flyjac Logistics Pvt. Ltd., Door No. 54/2723, First Floor, Joseph & Valentines Commercial Complex Jawahar Nagar, Kadavanthra, Kochi, Kerala - 682020	
2	Constitution (Pvt. Ltd., LTD., Partnership, Proprietorship) *	PVT LTD	
3	Date of Establishment *		
4	IEC No. * (if Consignee / Shipper) (IEC COPY REQUIRED)	303062258	
5	CHA / MTO No (if CHA / Forwarder)	FORWARDER	
6	Permenant Account No. (PAN) *	AABCF2133M	
7	Tax Deduction Account Number(TAN)*	CHEF03287E	
8	GST Registrarion No.*(GST COPY REQUIRED)	32AABCF2133M1ZY	
9	Nature of Business *	FREIGHT FORWARDING	
10	Name, Mobile No, Tel Nos and E-Mail id of Accounts / Finance Head *	IMPORTS.COK@FFLYJACLOGISTICS.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 *	8943776989	
12	Bank Details *	Name & Address	HDFC BANK, ADAMBAKKAM, CHENNAI
		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 *		
16	Place of Submission		