


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)	Lulu Flight Kitchen Pvt Ltd XI/300-B, VIP Road, Nedumbassery, Ernakulam	
2	Constitution (Pvt. Ltd., LTD., Partnership, Proprietorship) *	Private Limited	
3	Date of Establishment *	13-11-2007	
4	IEC No. * (if Consignee / Shipper) (IEC COPY REQUIRED)	1009003496	
5	CHA / MTO No (if CHA / Forwarder)		
6	Permenant Account No. (PAN) *	AABCL3886H	
7	Tax Deduction Account Number(TAN)*	CHNL01078A	
8	GST Registrarion No.*(GST COPY REQUIRED)	32AABCL3886H2ZG	
9	Nature of Business *	Flight Catering & Export	
10	Name, Mobile No, Tel Nos and E-Mail id of Accounts / Finance Head *	Pramod Kumar Accounts Manager PH: +91-8943335934 Email: accounts@lulufk.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 *	Mohammed Shameer TP Senior Production Incharge PH: +91-7593850342 Email: prodic@lulufk.com	
12	Bank Details *	Name & Address	CSB Bank Limited Branch: Aluva (2), Madaparambil Estates, Ernakulam, Kerala
		Telephone No. (Bank)	0484- 2624565
		A/c. No.	000203235498709002
		MICR No. of the Bank	682047014
		RTGS Code No.	CSBK0000002
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	Nedumbassery	