


To,  
SHIPMENT SOLUTIONS

**KNOW YOUR CUSTOMER (KYC) FORM**

Date : 25.08.2022

Sr. No.	Particulars	(To be Filled by Shipper/ Consignee / CHA)	
1	Name & Address of Consignee / Forwarder/CHA*(INVOICE PARTY)	HTL Logistics India Pvt Ltd, Ground Floor, Chiramal Chamber, Kuishupally Road, Ravipuram, Cochin-682015, Kerala, India	
2	Constitution (Pvt. Ltd., LTD., Partnership, Proprietorship) *	Pvt Ltd	
3	Date of Establishment *	1988	
4	IEC No. * (if Consignee / Shipper) (IEC COPY REQUIRED)		
5	CHA / MTO No (if CHA / Forwarder)		
6	Permenant Account No. (PAN) *	AABCH1588E	
7	Tax Deduction Account Number(TAN)*	CHEH00344B	
8	GST Registrarion No.*(GST COPY REQUIRED)	32AABCH1588E1ZW	
9	Nature of Business *	Freight Forwarder - Export & Import (Sea & Air)	
10	Name, Mobile No, Tel Nos and E-Mail id of Accounts / Finance Head *	Delty Babu Tel: 0484 4030787 Email: delty@htllogistics.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 *	Dinesh M.G. Tel: 0484 - 4030787/89/90. Mob: 09633123789 Email: dineshmg@htllogistics.com	
12	Bank Details *	Name & Address	HSBC Bank
		Telephone No. (Bank)	
		A/c. No.	071016273902
		MICR No. of the Bank	
		RTGS Code No.	HSBC0560002
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 *	DELTY BABU	
16	Place of Submission	Kochi - 15	