


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)	AATOMM SHIPPING AND LOGISTICS., III/405, GOVT. HIGH SCHOOL ROAD, NARAKKAL P.O., ERNAKULAM. GST No.32AHLPC1900F1Z4	
2	Constitution (Pvt. Ltd., LTD., Partnership, Proprietorship)*	PROPRIETORSHIP	
3	Date of Establishment *	2017	
4	IEC No. * (if Consignee / Shipper) (IEC COPY REQUIRED)		
5	CHA / MTO No (if CHA / Forwarder)		
6	Permenant Account No. (PAN) *	AAHLPC1900F	
7	Tax Deduction Account Number(TAN)*	CHNA07008B	
8	GST Registrarion No.*(GST COPY REQUIRED)	32AHLPC1900F1Z4	
9	Nature of Business *	EXPORT/IMPOFT	
10	Name, Mobile No, Tel Nos and E-Mail id of Accounts / Finance Head*	RAJU AUGUSTINE / 999584668 / cok@aatomm.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*	CLYDE D'CRUZ / 9895042216 / cok@aatomm.com	
12	Bank Details *	Name & Address	STATE BANK OF INDIA
		Telephone No. (Bank)	
		A/c. No.	37099702820
		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 *	CLYDE D'CRUZ	
16	Place of Submission	COCHIN	