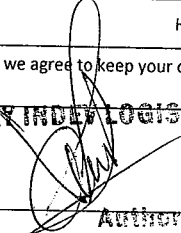




KNOW YOUR CUSTOMER (KYC) FORM

Sr. No.	Particulars	(To be Filled by Shipper/ Consignee / CHA)	
1	Name & Address of Consignee / Forwarder/CHA*(INVOICE PARTY)	Kerry Indev Logistics Private Limited, Door No. 56/164 A, 1st Floor, Meridian, No. 317, Panampilly Nagar, Ernakulam 682 036 Kerala India.	
2	Constitution (Pvt. Ltd., LTD., Partnership, Proprietorship) *	PVT LTD	
3	Date of Establishment *		
4	IEC No. * (if Consignee / Shipper) (IEC COPY REQUIRED)		
5	CHA / MTO No (if CHA / Forwarder)	408018887	
6	Permenant Account No. (PAN) *	AABCC1756D	
7	Tax Deduction Account Number(TAN)*	CHEI06961D	
8	GST Registrarion No.*(GST COPY REQUIRED)	32AABCC1756D1Z9	
9	Nature of Business *	FREIGHT FORWARDING	
10	Name, Mobile No, Tel Nos and E-Mail id of Accounts / Finance Head *	MR.LOKESH/9611118611	
11	Name & Mobile No, Tel. Nos and E-Mail id of Decision maker or Authorised person interacting on day to day basis for business *	MR.SUJITH K SOORI /BRANCH MANAGER/9446568204	
12	Bank Details *	Name & Address	HSCB BANK RAJALAKSHMI, NO.5 & 7,CATHEDRAL ROAD,CHENNAI-600 086
		Telephone No. (Bank)	9611118611
		A/c. No.	041-027020-001
		MICR No. of the Bank	600039002
		RTGS Code No.	HSBC0600002
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 *	For KERRY INDEV LOGISTICS PVT. LTD. 	
15	Full Name of the Authorised Signatory *	Authorised Signatory	
16	Place of Submission	27.03.2023	