


To,
SHIPMENT SOLUTIONS

KNOW YOUR CUSTOMER (KYC) FORM

Date :

Sr. No.	Particulars	(To be Filled by Shipper/ Consignee / CHA)	
1	Name & Address of SHIPPER / Forwarder/CHA*(INVOICE PARTY)	SHIPPER: FIBRE FAMILY,382 , A/PP-VI,PATTANAKAD, CHERTHALA, ALAPPUZHA, KERALA	
2	Constitution (Pvt. Ltd., LTD., Partnership, Proprietorship) *	PARTNER SHIP	
3	Date of Establishment *	09.12.2003	
4	IEC No. * (if Consignee / Shipper) (IEC COPY REQUIRED)	1004003838	
5	CHA / MTO No (if CHA / Forwarder)	LEAP INTERNATIONAL PVT LTD, COCHIN	
6	Permenant Account No. (PAN) *	AABFF2056J	
7	Tax Deduction Account Number(TAN)*	NIL	
8	GST Registrarion No.*(GST COPY REQUIRED)	32AABFF2056J1Z5	
9	Nature of Business *	MANUFACTURER EXPORTER	
10	Name, Mobile No, Tel Nos and E-Mail id of Accounts / Finance Head *	GEETU.S.BABU, MANAGER ACCOUNTS	
11	Name & Mobile No, Tel. Nos and E-Mail id of Decision maker or Authorised person interacting on day to day basis for business *	C.S.SURESH, MANAGING PARTNER, PH.9447036402, suresh@fibrefamily.info	
12	Bank Details *	Name & Address	CANARA BANK MAYITHARA BRANCH
		Telephone No. (Bank)	
		A/c. No.	1134201000876
		MICR No. of the Bank	688015052
		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 *	C.S.SURESH, MANAGING PARTNER	
16	Place of Submission		