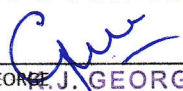


To,
SHIPMENT SOLUTIONS

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)	K.C.JACOB AND COMPANY	
2	Constitution (Pvt. Ltd., LTD., Partnership, Proprietorship) *	PARTNERSHIP	
3	Date of Establishment *	02.05.1983	
4	IEC No. * (if Consignee / Shipper) (IEC COPY REQUIRED)		
5	CHA / MTO No (if CHA / Forwarder)	67	
6	Permenant Account No. (PAN) *	AACFK4731A	
7	Tax Deduction Account Number(TAN)*		
8	GST Registrarion No.*(GST COPY REQUIRED)	32AACFK4731A1Z3	
9	Nature of Business *	CHA	
10	Name, Mobile No, Tel Nos and E-Mail id of Accounts / Finance Head *	K.J.GEORGE, Mob no: 9846082245, Tel no : 04842668149/ RENEESH	
11	Name & Mobile No, Tel. Nos and E-Mail id of Decision maker or Authorised person interacting on day to day basis for business *	K.J.GEORGE, Mob no: 9846082245	
12	Bank Details *	Name & Address	K.C.JACOB AND COMPANY
		Telephone No. (Bank)	4842666908
		A/c. No.	14660200000144
		MICR No. of the Bank	682049026
		RTGS Code No.	FDRL0001466
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 K. C. JACOB & COMPANY 	
15	Full Name of the Authorised Signatory *	K.J.GEORGE, J. GEORGE Mg. Partner	
16	Place of Submission		