


To,
SHIPMENT SOLUTIONS

KNOW YOUR CUSTOMER (KYC) FORM

Date : 9/9/2022

Sr. No.	Particulars	(To be Filled by Shipper/ Consignee / CHA)	
1	Name & Address of Consignee / Forwarder/CHA*(INVOICE PARTY)	ISSGF INDIA PVT LTD S 24 - 7TH FLOOR, ALAPATT HERITAGE BUILDING, MG ROAD NORTH END, COCHIN 682035, INDIA	
2	Constitution (Pvt. Ltd., LTD., Partnership, Proprietorship) *	PVT LTD	
3	Date of Establishment *	4-Jun-18	
4	IEC No. * (if Consignee / Shipper) (IEC COPY REQUIRED)	NA	
5	CHA / MTO No (if CHA / Forwarder)	MTO/DGS/1869/JUN/2024	
6	Permenant Account No. (PAN) *	AAECI9044D	
7	Tax Deduction Account Number(TAN)*	MUMI14288B	
8	GST Registrarion No.*(GST COPY REQUIRED)	32AAECI9044D1ZV	
9	Nature of Business *	FORWARDER	
10	Name, Mobile No, Tel Nos and E-Mail id of Accounts / Finance Head *	Girsh C.G / girish.cg@iss-gf.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 *	Rajesh E.M / Rajesh.em@iss-gf.com	
12	Bank Details *	Name & Address	HSBC LTD
		Telephone No. (Bank)	
		A/c. No.	A/c. INR - 006-269120-001
		MICR No. of the Bank	400039002
		RTGS Code No.	HSBC0400002
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 *	RAJESH E.M	
16	Place of Submission	COCHIN	