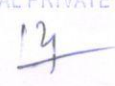


To,  
SHIPMENT SOLUTIONS

**KNOW YOUR CUSTOMER (KYC) FORM**

Date : 20.09.2021

Sr. No.	Particulars	(To be Filled by Shipper/ Consignee / CHA)	
1	Name & Address of Consignee / Forwarder/CHA*(INVOICE PARTY)	KERAFIBERTEX INTERNATIONAL PVT LTD. 53 – 57, KINFRA EPIP, INFO PARK P. O KAKKANAD , COCHIN - 682042	
2	Constitution (Pvt. Ltd., LTD., Partnership, Proprietorship) *	PVT LTD	
3	Date of Establishment *	02.06.2000	
4	IEC No. * (if Consignee / Shipper) (IEC COPY REQUIRED)	3900000077	
5	CHA / MTO No (if CHA / Forwarder)		
6	Permenant Account No. (PAN) *	AABCK4613P	
7	Tax Deduction Account Number(TAN)*	CHND00883B	
8	GST Registrarion No.*(GST COPY REQUIRED)	32AABCK4613P1ZI	
9	Nature of Business *	EXPORTER	
10	Name, Mobile No, Tel Nos and E-Mail id of Accounts / Finance Head *	SREEKALA T P	
		MOB 9447496075	
		EMAIL ID - sreekala@kerafibertex.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 *	MANOJ S K	
		MOB NO. 9447496073	
		EMAIL ID - manoj@kerafibertex.com	
12	Bank Details *	Name & Address	THE FEDERAL BANK LTD - INFO PARK - KAKKANAD
		Telephone No. (Bank)	0484 2415170
		A/c. No.	1464020000849
		MICR No. of the Bank	682049034
		RTGS Code No.	FDRL0001464
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.	<b>KERAFIBERTEX</b> INTERNATIONAL PRIVATE LIMITED	
14	Authorised Signature with Company Seal *	 MANOJ S.K. Authorised Signatory	
15	Full Name of the Authorised Signatory *	MANOJ S K	
16	Place of Submission	COCHIN	