

KNOW YOUR CUSTOMER FORM

Branch : COCHIN

Sl. No.	Particulars	(To be Filled by Client)	
1	Name & Address of Shipper / Consignee	ORCHID SHIPPING PVT LTD	
2	Constitution (Whether Pvt. Ltd., LTD., Partnership, Proprietorship)	PVT LTD	
3	Date of Establishment	2001	
4	Permenant Account No. (PAN)	AAACO4262B	
5	Value Added Tax Registration No. (VAT)	-	
6	GST Registration No.	32AAACO4262B1Z3	
7	Import / Export code	-	-
8	Nature of Business	NVOCC/ FREIGHT FORWARDER	
9	Name and Address of Directors / Partners with DIN & Tel. Nos. E-Mail id :	MR.YOGESH K.PAREKH	
10	Turnover of the Company Sales(Rs.in 000's)	2013-2014	111.19 crores
		2014-2015	123.27 crores
11	No. of employees	125	
12	Name & Contact details of Accounts / Finance Head at H.O.	MR.NILESH UBARE, MANAGER- FINANCE	
13	Details of Branch offices of the Company	MAHARASHTRA, WEST BENGAL, PUNJAB, NEW DELHI, TAMILNADU, GUJARAT, KERALA	
14	Name of Decision maker or person interacting on day to day basis for business	MR.DOMINIC	
15	Bank Details	Name & Address	HDFC BANK LTD
		Telephone No. (Bank)	
		A/c. No.	00600350006421
		MICR No. of the Bank	400240015
		RTGS Code No.	HDFC0000060
16	Copy of Canceled Cheque	ENCLOSED HEREWITH	
17	I hereby declare the above information is true & correct. Authorised Signature with Co. Seal		