

Sanu Exports

Merchant Exporter

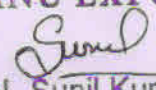
OFF : B-1, SABARI APTS.,
 OLD NO. 40 (NEW NO. 33), 10TH AVENUE,
 ASHOK NAGAR, CHENNAI - 600 083, INDIA
 PH : 24892448. 23718258 FAX : 24892448
 E-MAIL : oberoi.sameer@gmail.com
 website : www.sanuexports.com



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)	SANU EXPORTS,B2 PILLAR APARTMENTS 24,10TH AVENUE ASHOK NAGAR,CHENNAI 600083,TAMIL NADU,INDIA	
2	Constitution (Pvt. Ltd., LTD., Partnership, Proprietorship) *	PARTNER SHIP	
3	Date of Establishment *	1988	
4	IEC No. * (if Consignee / Shipper) (IEC COPY REQUIRED)	488026229	
5	CHA / MTO No (if CHA / Forwarder)	TRIDENT CLEARING & FORWARDING	
6	Permenant Account No. (PAN) *	AAMFS6246E	
7	Tax Deduction Account Number(TAN)*		
8	GST Registrarion No.*(GST COPY REQUIRED)	32AAMFS6246E1Z5	
9	Nature of Business *	EXPORT & IMPORT	
10	Name, Mobile No, Tel Nos and E-Mail id of Accounts / Finance Head *	SHIVANI OBEROI, 08999273976	
11	Name & Mobile No, Tel. Nos and E-Mail id of Decision maker or Authorised person interacting on day to day basis for business *	SAME AS ABOVE	
12	Bank Details *	Name & Address	
		Telephone No. (Bank)	
		A/c. No.	
		MICR No. of the Bank	
		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.	For SANU EXPORTS	
14	Authorised Signature with Company Seal *	 K. N. Sunil Kumar Authorised Signatory	
15	Full Name of the Authorised Signatory *	K. N. SUNIL KUMAR	
16	Place of Submission	COCHIN	