



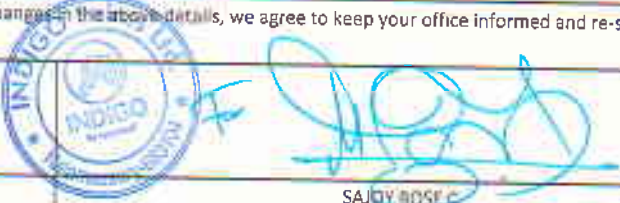
**INDIGO**

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To,  
SHIPMENT SOLUTIONS

Date :

**KNOW YOUR CUSTOMER (KYC) FORM**

| Sr. No. | Particulars  | [To be Filled by Shipper/ Consignee / CHA]   |  |
|---------|--|--|--|
| 1       | Name & Address of Consignee / Forwarder/CHA*(INVOICE PARTY)  | INDIGO PAINTS LIMITED<br>Plot No. 74, Major Industrial Estate,<br>South Kalamassery,<br>Ernakulam - 683104 |  |
| 2       | Constitution (Pvt. Ltd., LTD., Partnership, Proprietorship) *  | PUBLIC LIMITED   |  |
| 3       | Date of Establishment *  |  |  |
| 4       | IEC No. * (if Consignee / Shipper) (IEC COPY REQUIRED)   | 3109008432   |  |
| 5       | CHA / MTO No (if CHA / Forwarder)  | NTA  |  |
| 6       | Permanent Account No. (PAN) *  | AAACI8094D   |  |
| 7       | Tax Deduction Account Number(TAN)*   | PNEI8094D  |  |
| 8       | GST Registrarion No.*(GST COPY REQUIRED)   | 32AAAC8094D12A   |  |
| 9       | Nature of Business *   | Paint Manufacturing  |  |
| 10      | Name, Mobile No, Tel Nos and E-Mail id of Accounts / Finance Head *  | Sajoy Bose C.,<br>9446784667<br>sajoybose@indigopaints.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 *   | Sajoy Bose C.,<br>9446784667<br>sajoybose@indigopaints.com   |  |
| 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. |  |  |
| 14      | Authorised Signature with Company Seal *   |                        |  |
| 15      | Full Name of the Authorised Signatory *  | SAJOY BOSE C   |  |
| 16      | Place of Submission  |  |  |