


To,  
SHIPMENT SOLUTIONS

**KNOW YOUR CUSTOMER (KYC) FORM**

Date :11.11.2022

Sr. No.	Particulars	(To be Filled by Shipper/ Consignee / CHA)	
1	Name & Address of Consignee / Forwarder/CHA*(INVOICE PARTY)	INDROYAL CRAFTS PRIVATE LIMITED PLOT NO. 65, KINFRA INTERNATIONAL APPARELPARK,THUMBA, KAZHAKUTTOM, THIRUVANANTHAPURAM - 695586 KERALA, INDIA. GSTIN : 32AAACI8911M1ZI	
2	Constitution (Pvt. Ltd., LTD., Partnership, Proprietorship) *	PRIVATE LIMITED	
3	Date of Establishment *	2002	
4	IEC No. * (if Consignee / Shipper) (IEC COPY REQUIRED)	1002001781	
5	CHA / MTO No (if CHA / Forwarder)	NA	
6	Permenant Account No. (PAN) *	AAACI8911M	
7	Tax Deduction Account Number(TAN)*		
8	GST Registrarion No.*(GST COPY REQUIRED)	32AAACI8911M1ZI	
9	Nature of Business *	MANUFACTURE	
10	Name, Mobile No, Tel Nos and E-Mail id of Accounts / Finance Head *	BIJU PRASAD,FINANCIAL CONTROLLER ,bijuprasad@indroyal.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 *	UDAYA SUGATHAN,MANGER F& A.udaya.s@indroyal.com	
12	Bank Details *	Name & Address	AXIS BANK
		Telephone No. (Bank)	
		A/c. No.	917020050554666
		MICR No. of the Bank	
		RTGS Code No.	UTIB0000113
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.	<p style="text-align: center;"><b>For INDROYAL CRAFTS PVT. LTD.</b></p> <p style="text-align: center;"><b>Udaya Sugathan</b> Manager - Finance &amp; Accounts</p> 	
14	Authorised Signature with Company Seal *		
15	Full Name of the Authorised Signatory *		
16	Place of Submission	COCHIN,INDIA	