


To,  
SHIPMENT SOLUTIONS

**KNOW YOUR CUSTOMER (KYC) FORM**

Date : 27-03-2023

Sr. No.	Particulars	(To be Filled by Shipper/ Consignee / CHA)	
1	Name & Address of Consignee / Forwarder/CHA*(INVOICE PARTY)	WELLPACK INDUSTRIES, BEHIND BMO ITC, KARUVANTHIRUTHY, FEROKE-673631	
2	Constitution (Pvt. Ltd., LTD., Partnership, Proprietorship) *	Proprietorship	
3	Date of Establishment *	14-10-2014	
4	IEC No. * (if Consignee / Shipper) (IEC COPY REQUIRED)	ANVPJ2762L	
5	CHA / MTO No (if CHA / Forwarder)		
6	Permenant Account No. (PAN) *	ANVPJ2762L	
7	Tax Deduction Account Number(TAN)*	CHNP08326D	
8	GST Registrarion No.*(GST COPY REQUIRED)	32ANVPJ2762L1ZJ	
9	Nature of Business *	Manufacturing Corrugated Boxes	
10	Name, Mobile No, Tel Nos and E-Mail id of Accounts / Finance Head *	Javad.P, Mob:9947718534, Email: wellpackind@hotmail.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 *	Javad.P, Mob:9947718534, Email: wellpackind@hotmail.com	
12	Bank Details *	Name & Address	State Bank of India, Feroke Branch
		Telephone No. (Bank)	
		A/c. No.	67284809010
		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 *	<b>For WELLPACK INDUSTRIES</b>  Proprietor	
15	Full Name of the Authorised Signatory *	Javad P	
16	Place of Submission	Kochin	