To,	Date
ONE (Ocean Network Express) Line (India) Pvt. Ltd.	

NAME OF THE SHIPPER / CONSIGNEE	
ADDRESS OF THE SHIPPER / CONSIGNEE	
IEC NUMBER	
GST NUMBER	
OFFICE CONTACT NUMBER	1
	2
	3
OFFICE FAX NUMBER	
OFFICE WEBSITE ADDRESS	
EMAIL ID FOR RECEIVING BL DRAFT , E-BL,	1
EXPORT QUERIES	2
*Not applicable for Consignees	3
EMAIL ID FOR RECEIVING EXPORT INVOICES	1
	2
*Not applicable for Consignees	3
EMAIL ID FOR RECEIVING ARRIVAL NOTICES,	1
E- DO, IMPORT QUERIES	2
*Not applicable for Shippers	3
EMAIL ID FOR RECEIVING IMPORT INVOICES	1
	2
*Not applicable for Shippers	3
ESCALATION CONTACT	MOBILE 1
(In case of Emergency)	MOBILE 2
	MOBILE 3

We hereby certify that the aforesaid details are true and correct. Please find attached copies of **1.** IEC **2.** Company Registration **3.** GST Certificate **4.** PAN card **5.** Electricity bill (and/or) MTNL bill. All copies are duly attested by the Authorised Signatory of "Name of Shipper / Consignee". **6.** Bank account details are duly attested by the bank.

Incase of any change in above details, we agree to keep your office informed and re-submit the relevant documents along with the revised KYC form.

For

Name : Designation :