**KNOW YOUR CUSTOMER (KYC) APPLICATION FORM**

**Date:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Import / Exporter |  | | | | | |
| CHA Name /  License Number: |  | | | | | |
| Address | | | | | | |
| Head Office / Registered Office : |  | | | | | |
| CITY : | | | | | |
| STATE : | | | | | |
| PINCODE: | | | | | |
| GSTIN |  | | | | | |
| Whether Billing Address: | YES/NO | | | | | |
|  |  | | | | | |
| Branch Office 1 : |  | | | | | |
|  | CITY: | | | | | |
|  | STATE: | | | | | |
|  | PINCODE: | | | | | |
| GSTIN |  | | | | | |
| Whether Billing Address: | YES/NO | | | | | |
|  |  | | | | | |
| Status / Constitution | | | | | | |
| *\*Please Fill Square with black color which is applicable* | | | | | | |
| Proprietorship | |  | Public Limited Company | |  | |
| Partnership | |  | Other (Specify) | |  | |
| Private Limited Company | |  |  | |  | |
|  | |  |  | |  | |
|  | | | | | | |
| Group Detail [IF applicable] | | | | | | |
| Name of Group to Which  Company belongs : | |  | | | | |
| Name of Holding Company  (If Applicable) : | |  | | | | |
| Name of Subsidiary Company(ies): | |  | | | | |
| Name of Other Group Company(ies): | |  | | | | |
| Contact Detail of Head of The Organization [IF applicable] | | | | | | |
| Name : | |  | Designation : | | |  |
| Date Of Incorporation: | |  | Head of Organization : | | |  |
| Landline no : | |  | Mobile No : | | |  |
| Fax No : | |  | Email : | | |  |
| Registration Detail Required With Supporting | | | | | | |
| PAN No. : | |  | | VAT / Sales Tax No. : | |  |
| CST No. : | |  | | Services Tax No. : | |  |
| ECC NO. : | |  | | MSME Scale Registration No. : | |  |
| TIN NO.: | |  | | SEZ Registration No. : | |  |
| TAN NO: | |  | | ISO Certification Details : | |  |
| Excise No. : | |  | |  | |  |
| Bank Name | |  | | Bank Account number | |  |
| Branch Name & address | |  | | RTGS/NEFT Payment (IFSC code) No. | |  |

**Note: Photocopy of all applicable certificates is required including GSTIN Certificate for all locations mentioned.**

|  |  |
| --- | --- |
| Contact Details | |
| Department Head/Contact Person | |
| Name : |  |
| Email ID : |  |
| Contact No. (Office & Mobile) : |  |
| Designation : |  |
| Details of Concerned Person For Accounts / Finance : | |
| Name : |  |
| Email ID : |  |
| Contact No. (Office & Mobile) : |  |
| Designation : |  |

|  |  |
| --- | --- |
| For CHA Contact Details | |
| License Holder | |
| Name : |  |
| Email ID : |  |
| Contact No. (Office & Mobile) : |  |