**On letter Head**

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

**Date:**

***Note: Please type in the information use capital letters to fill the form***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Import / Exporter/Booking party |  | | | | | |
| 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) : |  |

**Note: Photocopy of all applicable certificates is required of both Account holder & CHA License.**

* **Pan Card Copy, Service Tax Copy, GSTIN Certificate for all locations, Letter of authority form CHA.& CHA License Copy.**

**Declaration/Undertaking**

I/We hereby declare that copies of documents and the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately, In case any of the above information found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for any claims, losses or damages, proceedings, suits or any other consequences whatsoever which shall or maybe brought or made against Paramount Sealink Private Limited.

I confirm that I have collected all documents from the shipper/exporter/importer mandated under paragraph 1 (a), (b), (c), (d) and complied with the stipulations of the notice 99/2016 and 17/2012.I/We undertakes to indemnify Paramount Sealink Private Limited for all losses, claims and liabilities, arising out of or in connection with such declaration or statement or details furnished by me which is found to be false or untrue or misleading or misrepresenting.

*Photograph*

*Of Signatory*

*Person .*