KNOW YOUR CUSTOMER FORM

(Please use additional sheets as annexures, wherever required)

1.	Legal Name of the Organisation and			
	any other names used			
2.	Type of Organisation			
	(tick the relevant	Individual/Proprietorship \square	Partnership firm \square	
		Company \square	Trust/Foundation \Box	
3.	If partnership firm, names of			
	all partners with complete			
•	address, email & mobile nos.			
4.	Names of all persons in charge			
	for Custom Clearance along with email & mobile numbers			
	with email & mobile numbers	0 (
5.	Activities/Status of the			
	Organisation	Manufacturing ☐ Trading ☐ 100% EOU ☐		
	(tick all which are applicable)			
		Trading L Govt.Recognise	ed Star Export House 🔲	
		Others(pls specify)		
6.	Addresses			
	(Mailing address as well as			
	permanent/principal address)			
	Telephone (no. of lines)			
	Fax			
	General email & Website			
	IEC N	Con Allerta de MES / NG		
7. 8.	PAN No.	Copy Attached YES / NC Copy Attached YES / NC		
9.	Excise Registration Details) / Not Applicable	
9. 10.	<u> </u>) / Not Applicable	
11.	Shop and Establishment	Copy Attached YES / NO		
12.	•	copy retuence 1237 No	,	
12.	Burn Betans			
13.	Type of Business	Items Imported	Items Exported	
	Service Request	Airports / Ports /ICDs where our services are required		
1.1	Other Description is a standard and a standard s			
14.	Other Documents to be attached as per list printed at the back (depending on organization type)			

Signature with Stamp and date:

KYC documents required by CHA

-11	KTC documents required by CHA				
#	Form of	Documents to be obtained			
	organization				
1	Individual	(i) Passport			
	(Proprietorship)	(ii) PAN card			
	(minimum two	(iii) Voter's Identity card			
	documents	(iv) Driving licence			
	required)	(v) Bank account statement			
		(vi) Ration card			
2	Company	(i) Certificate of incorporation			
	(all docs required)	(ii) Memorandum of Association			
		(iii) Articles of Association			
		(iv) Power of Attorney granted to its managers, officers or employees to			
		transact business on its behalf			
		(v) Copy of PAN allotment letter			
		(vi) Copy of telephone bill			
3	Partnership firm (all	(i) Registration certificate, if registered			
	docs required)	(ii) Partnership deed			
		(iii) Power of Attorney granted to a partner or an employee of the firm to			
		transact business on its behalf			
		(iv) Any officially valid document identifying the partners and the person			
		holding the Power of Attorney and their addresses			
		(v) Telephone bill in the name of firm/ partners			
4	Trusts, Foundations	(i) Certificate of Registration, if registered			
	(all docs required)	(ii) Power of Attorney granted to transact business on its behalf			
		(iii) Any officially valid document to identify the trustees, settlers,			
		beneficiaries and those holding the Power of Attorney, founders/ managers/			
		directors and their addresses			
		(iv) Resolution of the managing body of the foundation/ association			
		(v) Telephone bill			

TO BE FILLED BY THE BHARAT LOGISTICS SOLUTIONS P L

15.	WEBSITE: a) Has the website been checked?	YES / NO
	b) Does the details on website tally with the above information?	YES / NO
16.	Have we visited the office? (Please mention the person visited).	YES / NO
		Person:
17.	Did we approach them or they approached us?	
18.	Did we check with the current CHA	YES / NO / Not Applicable
19.	Remarks / Notes	
19.	Remarks / Notes	