

KNOW YOUR CUSTOMER FORM

	Ref. No.	Date:
1	Name of the Company :	
2	Name of the Authorized Person :	
5	Name of the Person In Charge for Custom Clearance :	
3	Power of Attorney of the Authorized person in charge of custom clearance:	Copy attached YES / NO
4	Valid Document identifying the person holding the Power of Authority :	Copy attached YES / NO
6	Company – activities :	<input type="checkbox"/> MAF <input type="checkbox"/> 100%EOU <input type="checkbox"/> Trader <input type="checkbox"/> Service
7	Address- Office /Factory :	
8	Telephone :	Bill Copy attached YES / NO
9	Fax :	
10	E-mail & Website :	
11	IEC No :	Copy attached YES / NO
12	PAN No :	Copy attached YES / NO
13	Excise Registration Details :	Copy attached YES / NO
14	ISO certificate or Equivalent :	Copy attached YES / NO
15	Bank Details :	
16	Shop Establishment Certificate :	Copy attached YES / NO
17	Type of Business :	IMPORT / EXPORT
18	Service Request :	PORT / ICD
21	Have we visited the office? (Pl. mention name of the person) :	
22	Did We approach them or They approach us?	
23	Did we check with current CHA?	
24	Source of Reference :	
25	Certificate of Incorporation :	Copy attached YES / NO
26	Memorandum of Association :	Copy attached YES / NO
27	Article of Association :	Copy attached YES / NO
28	If Partnership Firm , Name of all Partners with their address :	
29	Partnership Deed :	Copy attached YES / NO
30	Registration Certificate if registered :	Copy attached YES / NO