

**Know Your Customer (KYC) Form for CHA  
- Company -**

**Name of Company** \_\_\_\_\_

**Principal Place of Business**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PAN Number \_\_\_\_\_ IEC Number \_\_\_\_\_  
Telephone \_\_\_\_\_ Mobile \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_

**Mailing Address**

Name: \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_  
Telephone \_\_\_\_\_ Mobile \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_

**Authorized Signatory**

Name: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Please paste a  
most recent  
Photograph of  
Authorized  
Signatory

City \_\_\_\_\_ State \_\_\_\_\_  
Telephone \_\_\_\_\_ Mobile \_\_\_\_\_  
Fax \_\_\_\_\_ Email \_\_\_\_\_

**Documents Required**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Certificate of Incorporation | <input type="checkbox"/> Memorandum of Association | <input type="checkbox"/> Articles of Association |
| <input type="checkbox"/> Power of Attorney            | <input type="checkbox"/> Copy of PAN Allotment     | <input type="checkbox"/> Copy of Telephone Bill  |

**Authorized Signatory**

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Please paste a most recent Photograph of Authorized Signatory

**Authorized Signatory**

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Please paste a most recent Photograph of Authorized Signatory

**Authorized Signatory**

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Please paste a most recent Photograph of Authorized Signatory

**Authorized Signatory**

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Please paste a most recent Photograph of Authorized Signatory

## 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	Individual <input type="checkbox"/>	Partnership firm <input type="checkbox"/>
		Company <input type="checkbox"/>	Trust/Foundation <input type="checkbox"/>
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		
5.	Activities/Status of the Organisation (tick all which are applicable)	Manufacturing <input type="checkbox"/>	Trading <input type="checkbox"/> 100% EOU <input type="checkbox"/>
		Trading <input type="checkbox"/>	Govt. Recognised Star Export House <input type="checkbox"/>
		Others(pls specify) _____	
6.	Addresses (Mailing address as well as permanent/principal address)		
	Telephone (no. of lines)		
	Fax		
	General email & Website		
7.	IEC No.	Copy Attached	YES / NO
8.	PAN No.	Copy Attached	YES / NO
9.	Excise Registration Details	Copy Attached	YES / NO / Not Applicable
10.	ISO Certificate or Equivalent	Copy Attached	YES / NO / Not Applicable
11.	Shop and Establishment	Copy Attached	YES / NO
12.	Bank Details		
13.	Type of Business	Items Imported	Items Exported
	Service Request	Airports / Ports /ICDs where our services are required	
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 as per Public notice # 16/2010 dated 11<sup>th</sup> May 2010 issued by Mumbai Customs Commissionerate - I**

#	Form of organization	Documents to be obtained
1	Individual (minimum two documents required)	(i) Passport (ii) PAN card (iii) Voter's Identity card (iv) Driving licence (v) Bank account statement (vi) Ration card
2	Company (all docs required)	(i) Certificate of incorporation (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 docs required)	(i) Registration certificate, if registered (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 (all docs required)	(i) Certificate of Registration, if registered (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 AGENTS**

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	