

KNOW YOUR CUSTOMER (KYC) FORM

As mandated by Indian Customs vide CBEC Circulars 09/2010, 33/2010 and 07/2015 for identification/verification of importers/exporters for customs clearance performed on their behalf by Hariharan Logistics acting as an Authorized Freight Forwarder/CHA directly or through a CHA appointed by Hariharan Logistics on behalf of Customer.

| Name of the COMPANY / FIRM | | | | |
|---|--|--|--------------|------------------|
| Category | <input checked="" type="radio"/> Individual <input type="radio"/> Proprietary Firm <input type="radio"/> Company <input type="radio"/> Trust / Foundation <input type="radio"/> Partnership Firm | | | |
| Permanent / Registered Address | | | | |
| Landline Number | | | | |
| Website | | - | | |
| Principal Business Address/es from which business is transacted <i>(If there are more than one Address, please provide details in Annexure 1)</i> | | | | |
| Landline Number | | | | |
| Certificate of Incorporation / CIN No. <i>(attach copy)</i> | | | | |
| IEC Certificate <i>(attach copy)</i> | | | | |
| PAN Card <i>(attach copy)</i> | | | | |
| GSTIN <i>(attach copy)</i> | | State: | | |
| Note: <i>If there are more than one GSTIN, please provide details in Annexure 1</i> | | GSTIN: | | |
| GST Exemption | | <input type="radio"/> Yes <input checked="" type="radio"/> No | | |
| Reason for GST Exemption & Proof need to attach | | | | |
| Contact Person Details | | | | |
| Department | Name(s) | Designation | E-mail ID(s) | Mobile Number(s) |
| Main Contact - Logistics | | | | |
| Operations - Routine | | | | |
| Accounts - Routine | | | | |
| Accounts - Head | | | | |
| CFO | | | | |
| CEO / Director / MD | | | | |
| Emergency Contact | | | | |



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| Category | Documents Required |
|-------------------------------|--|
| Individual / Proprietary Firm | <input type="checkbox"/> Passport <input type="checkbox"/> PAN Card <input type="checkbox"/> Voter Card <input type="checkbox"/> Driving License <input type="checkbox"/> Bank Statement <input type="checkbox"/> Ration Card <input type="checkbox"/> Aadhar Card |
| Company | <p>To verify Identity and Address</p> <input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Memorandum and Articles of Association <input type="checkbox"/> Telephone Bill in the name of the Company <input type="checkbox"/> PAN Card <input type="checkbox"/> GSTIN Certificate <p>to verify Authority of Signatory</p> <input type="checkbox"/> POA / BR granted to its Managers, Officers or Employees to transact business on its behalf. |
| Trust or Foundation | <p>To verify Identity and Address</p> <input type="checkbox"/> Certificate of Registration <input type="checkbox"/> Telephone Bill in the name of Trust/Foundation <input type="checkbox"/> PAN Card <input type="checkbox"/> GSTIN Certificate <p>to verify Authority of Signatory</p> <input type="checkbox"/> POA granted to transact business on its behalf. Any officially valid document identifying the trustees, <input type="checkbox"/> settlers, beneficiaries and those holding the POA, founders/managers/directors and their addresses <input type="checkbox"/> Resolution of the managing body of the foundation / association |
| Partnership Firm | <p>To verify Identity and Address</p> <input type="checkbox"/> Certificate of Registration <input type="checkbox"/> Partnership Deed <input type="checkbox"/> PAN Card <input type="checkbox"/> Telephone Bill in the name of Firm or Partners <p>to verify Authority of Signatory</p> <input type="checkbox"/> Power of Attorney granted to a Partner or an Employee to transact business on its behalf. |

I/We hereby declare that the particulars given herein above and the documents attached as per the checklist above are true, correct and complete to the best of my/our knowledge and belief, and the documents submitted in support of this KYC Form are genuine and obtained legally from the respective issuing authority. In case of any change in any of the aforementioned particulars, I/We undertake to notify you in writing. I/We hereby authorize you to submit the above particulars to customs and other regulatory authorities on my/our behalf as may be required in order to transport and customs clear my/our shipments.

Place:

Signature

Date:

Name (in full)

Official Seal (for all other than Individuals)