

KNOW YOUR CUSTOMER FORM

Ref. _____

Date : _____

1.	Name of the Company			
2.	Website			
3.	Address of Head office			
4.	Addresses of Branches			
5.	Key contacts	Name(s)	E-mail id(s)	Telephone No(s)
	Operations			
	Accounts - routine matters			
	Accounts – Head			
	CFO			
	CEO			
	Emergency Contact			
	Fax			
6.	Tax identification No.	Copy Attached	YES / NO	
7.	Customs Registration Details	Copy Attached	YES / NO	
8.	Registration with govt. authorities regulating CHA, freight forwarding activities in your country a. b. c. d.	Copy Attached	YES / NO	
9.	Membership of national and international trade associations a. b. c. d.			
10.	Bank Details (including SWIFT code)			
11.	Referrals [from reputed clients serviced by you, shipping lines, trade associates (agents) etc]			
	Name of the person and organisation		E-mail id and telephone No.	
	1.			
	2.			
	3.			