

TO,

M/S ADMIRAL HITEC LOGISTICS (INDIA) PVT LTD

414, 4th Floor, Minerva Complex, S.D Road, Secunderabad -500003.Telangana,India.

Phone : + 91 40 27892361 Fax: +91 40 27891338

KNOW YOUR CUSTOMER FORM

(TO BE PRINTED ON COMPANY LETTER PAD)

Date :	Sl. No. :	
Branch :	Division:	
Sl. No.	Particulars	(To be filled by Client)
1	Name of the Company	
2	Company Address	
3	Contact No.	
4	Constitution (whether Pvt. Ltd., LTD, Partnership, Proprietorship)	
5	Date of Establishment	
6	PAN No. {Req. xerox copy}	
7	GST Registration No.	
8	TAN No.	
9	Nature of Business	
10	IEC Code	
11	Name of the Director / Partner / Prop.	
12	Residential Address of Director / Partner / Proprietor	
13	Contact No. of Director/Partner/Proprietor	
14	Turnover of the Company	
15	No. of Employees	
16	Name, Contact No. & Email ID details of Finance Head	
17	Details of Branch offices of the Company	
18	Name of person interacting with Admiral Hitec Logistics (India) Pvt Ltd	
19	Bank Details with copy of a cancelled cheque	
20	Approximate Committed volumes in TEUS	
21	Reference from Industry	
22	TDS Exemption certificate if any (submit the copy)	
23	Authorised Signature with Co. Seal	

Declaration:

I here by declare that the details furnished above are true and correct to the best of my knowledge.

Date

for

Authorised Signatory
Name of the person
Designation: