



Branch:

KYC FORM (v.01)

Full Name of The Company*		
Type of Company	Proprietor//Partnership//Ltd.// Pvt. Ltd.	
Industry type Eg: Chemical, Pharma, Engg, FMCG...		
Company Board of Director*		
Postal Address*		
Land Line Numbers : -	Website:	

FOLLOWING DETAILS REQUIRED

PAN Number*		
TAN Number*		
Aadhar Card Number (If applicable)		
GSTIN Number*		
Type of Cargo*		
Type of Vehicles Required*		
Cargo Insured (Y/N)		
Payment Terms*		
Billing - FCM / RCM*		
Expected Business Volume Per Month		
Name of Logistics Head	Contact Number	Email ID
Name of Contact Person For Co-ordination on Day to Day Basis	Contact Number	Email ID
Name of Person In Charge Of Billing	Contact Number	Email ID
Name of Finance Head	Contact Number	Email ID
Bills to be Submitted at (Address)		
Name of person filling the KYC Form	Contact Number	Email ID
Remarks:-	Cargo is booked Under section 10 of carrier act 2011 and Consignment note will be prepared under the carriage of Goods Act 2007	

For Internal use

Credit Limit set for the Client		
Zauba corp Report Generated on:		
Commented by :		
Name of Marketing Executive	Signature	Date
Authorised Name of CRM (Credit Control Team)	Signature	Date