



Branch:

KYC FORM

Full Name of The Company		
Type of Company	PROPRIETOR//PARTNERSHIP//LTD.//PVT.LTD.	
Industry type Eg: Chemical, Pharma, Engg, FMCG...		
Postal Address		
Land Line Numbers	URL:	

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		
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
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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