KYC DETAIL FORM OF VALUABLE CLIENT/CUSTOMER

A. Clients name and full address **Company Name: Company Address: Country: Province District:** Metro/Municipality/Rural: Ward no: Street: **ZIP- Code:** Company Phone no. **Company Email** Address: Company registration no. PAN no. the company VATno. of the company: Official registration no. of other institution if any (e.g. DOI): B. Representantative of the Company (=officially authorized to sign e.g. Management /CEO/ BOD) Name: Position: Mobile No: Email: C. Representantative of the Company (=officially authorized to sign e.g. Management /CEO/ BOD) Name: Position: Mobile No: Email: D. Correspondent of the Company (=if different from the Representative e.g. specially contact person for assignment) Name of the correspondent: Position of the correspondent: Correspondent Phone: Correspondent Email: E. Correspondent of the Company (=if different from the Representative e.g. specially contact person for assignment) Name of the correspondent: Position of the correspondent: Correspondent Phone: Correspondent Email: I announce that the information furnished above is specific and correct to the best of my Knowledge.

Signature:

Date: