Know Your Customer (KYC) Form for - Partnership Firm / LLP-

Name of Firm			-
Address:			
			-
			-
			-
	IEC Number		-
	Fax Email		-
Partner Details:			_
Name:			_
Date of Birth Address	Sex		- Please paste a
			most recent Photograph
			-
City	State		
Telephone Fax	Mobile Email		-
	2.1101		-
Partner Details:			
Name: Date of Birth	Sex		-
Address			_ Please paste a most recent
			Photograph -
City	State		-
Telephone	Mobile		-
Fax	Email		-
Documents Required			
GSTIN	Partnership Deed	Power of Attorney	
Valid ID proof (Partner/Power of Attorney holder)		Telephone Bill	

Partner's Details: Name:		
Date of Birth	Sex	
Address		Please paste a
		most recent Photograph
City	State	
Telephone	Mobile	
Fax	Email	
Partner's Details: Name:		
Date of Birth	Sex	
Address		Please paste a most recent
		Photograph
City	State	
Telephone	Mobile	
Fax	Email	
Partner's Details:		
Name:		
Date of Birth	Sex	
Address		Please paste a most recent
		Photograph
City	State	
Telephone	Mobile	
Fax	Email	
Partner's Details: Name:		
Date of Birth	Sex	
Address		Please paste a
		most recent Photograph
City	State	
Telephone	Mobile	
Fax	Email	