



Form KYC (Know Your Customer)

PASSPORT SIZE
PHOTOGRAPH of
INDIVIDUAL /Also attach
photograph of the
AUTHORIZED SIGNATORY
if any

As required and mandated by Indian customs vide CBEC Circulars 09/2010 and 33/2010 for identification/verification of importers/exporters for customs clearance performed on their behalf by UPS acting as an Authorized Courier/CHAs directly or through a CHA/Broker appointed by UPS on behalf of the Customer. Please attach additional sheets if required.

1.	Category	<input type="checkbox"/> Individual/Proprietary firm <input type="checkbox"/> Company <input type="checkbox"/> Trusts/Foundations <input type="checkbox"/> Partnership firm
2.	Name of the Individual including alias/ Proprietary Firm/Company/Trusts/Foundations/ Partnership firm (name of all partners)	
3.	UPS Account No: (if any)	
4.	Permanent or Registered address of the Individual/Proprietary firm/Partnership firm and partners/Company/Trusts/Foundations Telephone Number : Fax number :	
5.	Principal Business address/es from which business is transacted of the Individual/Proprietary firm/Company/Trusts/Foundations/Partnership firm (Note – Not required for individuals who have already provided the details in point 4.) Telephone Number : Fax number : E-mail address : Website :	
6.	Name of Authorized signatory/ies for signing Import/export documents including manual Air Waybills. Please provide recent passport size self-attested photographs of each signatory	
7.	IEC No. (Not required for Individuals)	Copy Attached <input type="checkbox"/>
8.	PAN No.	Copy Attached <input type="checkbox"/>

I/We hereby declare that the particulars given herein above are true, correct and complete to the best of my/our knowledge and belief, the documents submitted in support of this Form KYC are genuine and obtained legally from the respective issuing authority. In case of any change in any of the aforementioned particulars, I/we undertake to notify you in writing failing which the above particulars may be relied upon including all shipments/documents executed and tendered by the individual so authorized and mentioned in point 6 above. I/we hereby authorize you to submit the above particulars to the customs and other regulatory authorities on my/our behalf as may be required in order to transport and customs clear my/our shipments.

Place: _____ Signature _____

Date: _____
Official Seal (for all other than individuals) Name :

Check List

S.No.	Category	Documents Required
1.	Individual/Proprietary firm Any two of the stated documents	<input type="checkbox"/> Passport No. <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Valid Driving License No/ Date of Issue <input type="checkbox"/> Bank Statement <input type="checkbox"/> Ration card <input type="checkbox"/> Aadhar Card Copy
2.	Company Any two of the stated documents	<input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> Memorandum of Association <input type="checkbox"/> Articles of Association <input type="checkbox"/> Power of Attorney granted to its managers, officers or employees to transact business on its behalf <input type="checkbox"/> Telephone bill in the name of the company <input type="checkbox"/> PAN allotment letter
3.	Trusts/Foundations Any two of the stated documents	<input type="checkbox"/> Certificate of registration, if registered <input type="checkbox"/> Power of Attorney (PoA) granted to transact business on its behalf <input type="checkbox"/> Any officially valid document to identify the trustees, settlers, beneficiaries and those holding the PoA, founders/managers/directors and their addresses <input type="checkbox"/> Resolution of the managing body of the foundation/association <input type="checkbox"/> Telephone bill in the name of trust/foundation <input type="checkbox"/> Name of trustees, settlers, beneficiaries and signatories <input type="checkbox"/> Name and address of the founder, the managers, Directors and the beneficiaries, in full, complete and correct. <input type="checkbox"/> Telephone and fax number, e-mail address of the trust, founder and trustees.
4.	Partnership firm Any two of the stated documents	<input type="checkbox"/> Registration certificate, if registered <input type="checkbox"/> Partnership deed <input type="checkbox"/> Power of Attorney(PoA) granted to a partner or an employee to transact Business on its behalf <input type="checkbox"/> Any officially valid document identifying the partners and the person holding The PoA and their addresses <input type="checkbox"/> Telephone bill in the name of firm/partners

- Note:**
- Name & Address Proof & POA are mandatory.** Apart from that any two certified copies the documents given in the check list above to be attached except for individuals where any two self-certified documents may be provided along with two photographs of individual/authorized signatory as stated above.
 - Attach a copy of IEC for all customers, who are in the business of exports and imports.
 - You can also mail KYC Documents at the following mail id's:

For North India: delhikyc@ups.com AND For rest of India: upskyc@ups.com

If you have questions on the above, please contact your UPS Customer Service Helpline numbers:
1800 22 7171 / 1800 102 7171 (Monday to Saturday).

I/We hereby declare that the particulars and documents attached as per the checklist above are true, correct and complete to the best of my/our knowledge and belief, the documents submitted in support of this Form KYC are genuine and obtained legally from the respective issuing authority. In case of any change in any of the aforementioned particulars, I/we undertake to notify you in writing failing which the above particulars may be relied upon including all shipments/documents executed and tendered by the individual so authorized and mentioned above. I/we hereby authorize you to submit the above particulars to the customs and other regulatory authorities on my/our behalf as may be required in order to transport and customs clear my/our shipments.

Place _____ Signature _____

Date _____ Name _____

Official Seal (for all other than individuals)