99 flats

KYC Form

TRANSPORTER DETAILS

Company Name –

[Please fill in the box with capital letters.]

First Name – _____ **Last Name –** _____

Address – _____

_____

Locality – _____

City – _____

State – _____

Country – INDIA

Pin code – | | | | | | |

Phone/Mobile – | | | | | | | | | | |

VEHICLES AND DRIVERS

Vehicle Type	Plate No	Vehicle Regn. No.	Driver Name	Driver Lic No.

DATE :

SIGNATURE

_____