

To,

The Commissioner of Customs

(Port/Destination)

We M/s ..... IEC No ....., authorize UPS JET AIR EXPRESS PVT LTD to custom clear all import, commercial and non-commercial shipments which arrives in UPS network.

We respectfully request that you allow UPS to handle all the necessary documents and actions for the customs clearance process of all our import shipments.

Further we would like to inform you that the imported goods fully comply with Customs rules and regulations and any other regulations currently in force for import/export shipments.

Yours Faithfully,

(Sign)

(Signing Authority Name and Designation)

**Know Your Customer (KYC) Form for CHA**  
**- Company -**

**Name of Company** \_\_\_\_\_

**Principal Place of Business**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PAN Number \_\_\_\_\_ IEC Number \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

**Mailing Address**

Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

**Authorized Signatory**

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Please paste a  
most recent  
Photograph of  
Authorized  
Signatory

**Documents Required**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Certificate of Incorporation | <input type="checkbox"/> Memorandum of Association | <input type="checkbox"/> Articles of Association |
| <input type="checkbox"/> Power of Attorney            | <input type="checkbox"/> Copy of PAN Allotment     | <input type="checkbox"/> Copy of Telephone Bill  |

**Authorized Signatory**

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Please paste a most recent Photograph of Authorized Signatory

**Authorized Signatory**

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Please paste a most recent Photograph of Authorized Signatory

**Authorized Signatory**

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Please paste a most recent Photograph of Authorized Signatory

**Authorized Signatory**

Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Please paste a most recent Photograph of Authorized Signatory

Know Your Customer (KYC) Form for Company: A Softlink initiative

**Disclaimer:** This form is being provided as a part of Softlink Logistic Systems Pvt Ltd' CSR initiative. While attempt has been made to capture all the information as per the Customs circular on the KYC guidelines, to the best of our knowledge, it is the responsibility of the user to ensure that all information relating to the guidelines are collected. Softlink Logistic Systems Pvt Ltd is not liable for any damages or loss arising from the use of the form.

<b>Form of organization</b>	<b>Features to be verified</b>	<b>Documents to be obtained (Any two of the documents listed)</b>
Individual	<ol style="list-style-type: none"> <li>1. Legal name and any other names used</li> <li>2. Present and Permanent address, in full, complete and correct.</li> </ol>	<ol style="list-style-type: none"> <li>1. Passport</li> <li>2. PAN card</li> <li>3. Voter's Identity card</li> <li>4. Driving license</li> <li>5. Bank account statement</li> <li>6. Ration card</li> </ol>
Company	<ol style="list-style-type: none"> <li>1. Name of the company</li> <li>2. Principal place of business</li> <li>3. Mailing address of the company</li> <li>4. Telephone, fax number, e-mail address.</li> </ol>	<ol style="list-style-type: none"> <li>1. Certificate of incorporation</li> <li>2. Memorandum of Association</li> <li>3. Articles of Association</li> <li>4. Power of Attorney granted to its managers, officers or employees to transact business on its behalf</li> <li>5. Copy of PAN allotment letter</li> <li>6. Copy of telephone bill</li> </ol>
Partnership firm	<ol style="list-style-type: none"> <li>1. Legal name</li> <li>2. Permanent address, in full, complete and correct.</li> <li>3. Name of all partners and their addresses, in full complete and correct.</li> <li>4. Telephone, fax number, e-mail address of the firm and partners.</li> </ol>	<ol style="list-style-type: none"> <li>1. Registration certificate, if registered</li> <li>2. Partnership deed</li> <li>3. Power of Attorney granted to a partner or an employee of the firm to transact business on its behalf</li> <li>4. Any officially valid document identifying the partners and the person holding the Power of Attorney and their addresses</li> <li>5. Telephone bill in the name of firm/ partners</li> </ol>
Trusts, Foundations	<ol style="list-style-type: none"> <li>1. Name of trustees, settlers, beneficiaries and signatories</li> <li>2. Name and address of the founder, the managers, Directors and the beneficiaries, in full, complete and correct.</li> <li>3. Telephone and fax number, e-mail address of the trust, founder and trustees.</li> </ol>	<ol style="list-style-type: none"> <li>1. Certificate of Registration, if registered</li> <li>2. Power of Attorney granted to transact business on its behalf</li> <li>3. Any officially valid document to identify the trustees, settlers, beneficiaries and those holding the Power of Attorney, founders/ managers/ directors and their addresses</li> <li>4. Resolution of the managing body of the foundation/ association</li> <li>5. Telephone bill</li> </ol>