## KNOW YOUR CUSTOMER (KYC) PROFILE FORM **P** Duel tex Customer's Name: Type of Business Please Tick Date: Public Limited Company Private Limited Conpany Limited Liability Company Partnership Firm Sole Proprietorship Government PSU Others Customer Information: Registration Number/CIN Number: Registered Address: PAN Number: Service Tax/GST Registration Number: **Date of Commencement of Business:** Branch Name: Lead Banker (if applicable): Nature and Purpose of Business Please Tick Please Specify "Nature of Products/Services" Manufacturing Wholesale Trading Import/Export Retailing Hospitality Service Industry (Please Specify) Others (Please Specify) End Use of Product(In case of fabric only): **Owner / Partner / Promoter Name** Contact No. Factory Address (if appicable): Number of Employees: Person to Contact: Telephone Number: E-mail: Other Group Companies/Business Interest (if any): Financial Information Description **Current Year Previous Year Annual Sales Turnover** Annual Requirement (Pcs /Mtrs / Kgs) Customer signature & Stamp: For Office Use only: Division: **Payment Terms** Remarks (Internal): HOD KYC No.: Approved by: Account Head Date : Signature