I.S.F Analytical Laboratory Moga Punbab KNOW YOUR CUSTOMER FORM(KYC) Customer Num NAME OF CLIENT RAISING WORK ORDER: SITE Address: Contact Person Email: Telephone No.s Email: Email: Designation REGISTERED OF CORPORATE OFFICE: **BILLING NAME & ADDRESS:** REPORTS TO BE ISSUED IN THE NAME OF: ADDRESS FOR DESPATCHING REPORTS Standing Instructions Remarks Payment terms 1. New Customers Only cash/ DD 2. Regular Customers RTGS/Cash<20k, RTGS/Chq>20K 3. Govt. Deprt/ VIP Custome No bar subject to all above data being filled **CONTACT DETAILS OF PARTY MAKING PAYMENT** Designation Phone Mobile Number email Person ADDITIONAL DETAILS OF CLIENT MAKING PAYMENT Public Ltd. Company | Pvt. Ltd. Company | Partnership | Proprietorship **Legal Entity** Govt. Permanent Account Number (PAN) Service Tax no. Any Other information Signature: For Office Use

APPROVAL FOR CREDIT LIMIT / PERIOD					
Customer Approved	YES	NO	Approved as	Regular Vendor	One time vendor
Credit days and amount recommended : days Limit [Rs.]					
APPROVED BY SENIOR CUSTOMER RELATIONSHIP OFFICER-					
CUSTOMER MASTER UPDATION					
Customer Master updated o					
Updated by					