

**KYC INFORMATION OF ENTITIES/INDIVIDUALS HANDLING SUPPLY OF GOODS AND SERVICES**

<b>ORGANIZATION/INDIVIDUAL DETAILS</b>		
Organization/Individual /s Name		
E mail	FaxNo	Contact Details
Permanent Address		
Type of the document available for proof the permanent Address		
Main business activities	Registration No/NIC No	
Status of the present business premises (owned / leased / rented)		
<b>TO BE FILLED, IF NOT AN INDIVIDUAL</b>		
Organization Type (limited liability / Partnership / Sole proprietor)		
Tax file No or Tin	Date incorporated	
Confirmation on whether the firm practices "Know Your Employee (KYE)" concept within the organization? Yes/No		
Are the audited financial statements for the last 2 years available?		Yes/No
<b>MAIN CONTACT PERSON'S DETAILS</b>		
Name		
Official Address		
Designation		
Office Tel		
Mobile No		
<b>DETAILS OF SHAREHOLDING</b>		
Name of the ShareHolder	Shares Owned %	NIC No
<b>DIRECTORS / PARTNERS / SOLE PROPRIETORS DETAILS</b>		
Full Name	NIC No	Permanent Residential Address
<b>PLEASE ATTACH CERTIFIED COPIES OF THE FOLLOWING DOCUMENTS</b>		
a) The certificate of incorporation/Copy of a Business Registration		
b) Articles of association (applicable to limited liability companies)		
<b>DETAILS OF SUBSIDIARIES &amp; ASSOCIATE COMPANIES</b>		
1. Is the entity a subsidiary / Associate of another organizatic Yes <input type="checkbox"/> No <input type="checkbox"/>		
a. Subsidiary (i.e. owned more than 50% of ownership of the parent company)		
b. Associate (i.e. owned 20% - 50% of ownership of the parent company)		
2. Does the entity have any Subsidiaries / Associates?		
<b>We certify that the above information provided is true and accurate</b>		
<b>To be signed by the Individual/Partner/Sole proprietor / Director / CEO of the entity, as appropriate</b>		
Signature :		
Date :		