



## HIMSR & HAHC-Hospital

### KYC Form

<b>COMPANY NAME:</b>	
<b>Registered Address</b>	
Room No:	Floor No:
Building No:	Building Name:
Street:	Area:
City:	Pin Code:
State:	Country:
<b>Factory Address (if any)</b>	
Building No:	Building Name:
Street:	Area:
City:	Pin Code:
State:	Country:
<b>Contact Details &amp; Business Registration No.</b>	
Telephone 1:	PAN No:
Telephone 2:	GST TIN No.:
Email ID:	Website: -
Name & Number of point of contact :	
<b>Bank Details</b>	<b>Company Details</b>
Bank Name:	Nature of Organisation:
Branch:	Business Type:
Account Name:	
Account No.:	
<b>Company Identity Proof</b>	
Pan Card Copy :	
GST TIN NO:	
Registration Certificate:	
<b>Proprietor / Partner's / Director's / Manager's / Shareholder's:</b>	
1	2



**HIMSR & HAHC Hospital**

Name:	Name:
Designation:	Designation:
Mobile :	Mobile :
Email:	Email:
Photo Id Proof:	Photo Id Proof:
<b>Authorised Person:</b>	
1	2
Name:	Name:
Designation:	Designation:
Mobile :	Mobile :
Email:	Email:
Photo Id Proof:	Photo Id Proof: