



HIMSR & HAHC-Hospital

KYC Form

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



HIMSR & HAHC Hospital

Name:	Name:
Designation:	Designation:
Mobile :	Mobile :
Email:	Email:
Photo Id Proof:	Photo Id Proof:
Authorised Person:	
1	2
Name:	Name:
Designation:	Designation:
Mobile :	Mobile :
Email:	Email:
Photo Id Proof:	Photo Id Proof: