**Print on the respective Company Letterhead**

**ICD - TERMINAL - REGISTRATION FORM**

 **M/S. KESAR MULTIMODAL LOGISTICS LTD - ICD – POWARKHEDA**

CUSTOMER NAME : ………………………………………………………………………………..

CUSTOMER TYPE (√ suitable) : Shipper / Consignee / CHA / Forwarder

CORRESPONDENCE ADDRESS :

SHIPPING & BILLING ADDRESS :

CUSTOMER CGSTN NO. (Enclose copy) :

PAN CARD OF COMPANY NO. (Enclose copy) :

**CONTACT DETAILS OF CUSTOMER:**

**PERSON INCHARGE OF OPERATION :**

CONTACT NO :

CONTACT EMAIL ADDRESS :

**PERSON INCHARGE OF ACCOUNTS :**

CONTACT NO :

CONTACT EMAIL ADDRESS :

Hereby request your good company to register us for the movements and transactions via ICD Powarkheda.

Thanking you

For ---------------------------------------------------

 Company Seal

Authorized Signatory