



Transmission Corporation of Andhra Pradesh Limited

CUSTOMER ID Creation - KYC Form

(Fields marked with * are Mandatory)



1) **NAME OF THE CUSTOMER :** *
 (M/s./Mr. / ...)

2) **ADDRESS Details :**
ADDRESS * :
City * : **District * :** **State * :**
Country*: **PIN * :**

3) **Alternate Address :**
ADDRESS * :
City * : **District * :** **State * :**
Country*: **PIN * :**

4) **Communication Details :** (Including STD Code)
 Phone No * : Mobile No * :
 Fax No: E-mail * :

5) **Contact Person's NAME * :**
Contact Person's Designation * :
Contact Number * :

6) **REGISTRATION INFORMATION (Furnish the details whichever is applicable) :**
PAN * : **TAN * :**
GSTIN * : **GST TDS*:**
Type of GST * : (Regular / SEZ)
CIN No :

7) **BANK DETAILS :**
***A/C Holder Name :** *** IFSC Code:**
***Account No:** *** Bank Name:**
*** Branch Name & Address**

8) **Details of Product/Service received from APTRANSCO : ***

- 9) **Documents to be Enclosed :**
- 1) Scanned Copy of PAN (Permanent Account Number)
 - 2) Scanned Copy of GST Registration Certificate
 - 3) Scanned Copy of TAN (Tax-deduction Account Number) - (If Applicable)
 - 4) Scanned Copy of GST-TDS Registration Certificate - (If Applicable)

Declaration: It is certified that the information furnished above is true and correct to the best of my/our knowledge and belief.

Company Certification	
Name & Designation :	Signature of the Customer with Company Seal
Place :	
Date :	

(To be filled by APTRANSCO Only)

CLASSIFICATION OF CUSTOMER :		
a)	Distribution Channel * :	(10/20)
b)	Division * :	(30/40/50/60/99)
c)	Services Rendering * :	

AP Transco Departmental Attestation *

Place: Date:	Signature: Name & Designation:
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