Form KYC Version 3 - 2014-IOC/BPC/HPC

Know Your Customer(KYC) Form

(To be filled in black ink with BLOCK LETTERS. Fields marked with * are mandatory)
(For Instructions to fill form please see Overleaf)

Paste your photo here

1) Personal Details

(Mr./Mrs /Ms) *																									
First Name*																									
Middle Name																									
Last name*																									

b) Gas Consumer Number* | | | | | | | | | | | | | | |

c) Date of Birth* | | | | | | | | |
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d) Close Relative

Father's /Spouse Name*																													
Mother's name*																													

2) Address for LPG connection / Contact Information

*Proof of Address (POA) category Code**	P	O	A																										
*House/ Flat #, Name**														*Floor No**															
Housing Complex/Building																		*Land Mark*											
Street/Road Name																													
*City/Town/Village **																				*Pin Code**									
*District **														*State**															
Phone # : Mobile No*														*Landline #*															
Email id																													

3) Other Relevant Details

a) Proof of Identity (POI)																													
*POI Category Code**	P	O	I																										
*Card Number**																													
b) Ration Card Details if Available																													
State Of Issue																													
Ration Card Number																													

Declaration: I hereby declare that the information provided by me above is true and correct to the best of my knowledge and belief. I also confirm that in the event of any information provided by me is found incorrect / is incomplete and also in the event of any violation of Government Regulation related to the supply and distribution of LPG, IOC/BPC/HPC will be within its right to discontinue supply of LPG cylinders to me, forfeit of security deposit and levy of penal charges as per the policy and guidelines and may initiate legal action applicable under provisions.

Name & Signature * **Date:-**

To be filled by Dealer/Distributor

I confirm having verified the photocopies of documents above against their originals.

Consumer Number (If allotted):

Signature of Distributor **Date:**

----------**Tear Off**----------

Acknowledgement

I/We, hereby, confirm receipt of duly filled in KYC form along with copy relevant POI, POA documents from

Name _____ Consumer no (if applicable)_____ on_____

Signature and Seal of Distributor