

KYC: 3Gas-1/254171

Paste your photo here

Know Your Customer (KYC) Form

(To be filled in black ink with BLOCK LETTERS by consumer while registering for LPG Gas Supply/connection, * are mandatory)

1. Customer Details *

a. Name shall be entered as per Photo ID Proof

(Mr./Ms./Mrs./Miss/Dr.) *

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First Name*

Middle Name *

Last Name *

2. Connection Address/Contact Information*(Address should be written as per Proof of Address)

City/Town/Village *

State *

PIN Code *

House # *

House Name/Flat/Floor #

Housing Complex/Building #

Street/Road Name

Other Information

Furnish here any other address related Information which is not in the Proof of Address, but will help locate the house (Floor, landmark etc)

Contact Number*

E – Mail

Declaration: I hereby declare that the information provided by me on the above form 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 not true/ is incomplete and also in the event of any violation of Government Regulation related to the supply and distribution of LPG, 3Gas will be well within its right to take necessary legal action including discontinuation of supply of LPG cylinder(s) to me, forfeiture of my security deposit, and levy of penal charges as per the policy and guidelines.

Name: **Signature:** **Date:** D D M M 20__

3Gas REF

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FOR COMPLETION BY 3Gas

Name & Signature of Receiving Officer: _____ **Date Received:** ___/___/___

Department Head of Section Comments/Instructions
Signature: _____ **Date:** ___/___/___

3RD Records Updated by: _____ **Date:** ___/___/___

Reported to RS & Mkt Plan: YES _ NO _ **Date:** ___/___/___

F & A informed by: _____ **Date:** ___/___/___ (Attach Documents)

3EO informed by: _____ **Date:** ___/___/___

Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	F & A	RSM	3EO
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Quality Assurance Manager: _____ **Closed** **Open**