Jindal Aluminium Limited, Bangalore.		CUSTOMER REGISTR	ATION FORM	Marketing Department	
1	Customer Name		M/S A.K.GUPTA AND COMPANY		
2	Address with PIN Code		HOUSE NO. 1, RAM KRISHNA NAGAR, BHAGWATIGANJ, DIBIYAPUR, Auraiya, Uttar Pradesh, 206244		
3	Name of Contact Persons (2 Nos.) withContact Nos.		ASHWANI KUMAR GUPTA MOB.NO. 09485413992 AJAY KANT PORWAL MOB.NO. 07389273512		
4	Telephone No (WithSTD/ IS	D code)	0751-2432679		
5	What's App No(With ISD co	de if outside India)			
6	Email ID		akguptacompany@gmail.com		
7	Location - City / State / Zone		DIBIYAPUR, Auraiya, Uttar Pradesh, 206244		
8	Customer Types: a. Govt. Company b. PSU c. OEM d. Fabricator e. Contractor f. Trader		e.Contractor		
9	Other Information - Sis Concern Company etc.				
10	Bank Details				
	Name of the Bank		STATE BANK OF INDIA		
	Branch		RAMBAGH COLONY GWALIOR		
	A/c No. With copy of Cancelled cheque		37011101209		
	IFSC Code		SBIN0003180		
	Bank Contact Detail - Email / Phone No.		0751-02447480		
11	GST No Provide copy of GST Registration Certificate		09ABDFA6481D1ZI		
12	PAN No. Provide copy of PAN		ABDFA6181D		
Date: 26/12/2020 Place: DIBIYAPUR			Signature of Customers Authorized Person with Company Seal		

Jindal Aluminium Limited, Bangalore.		CUSTOMER REGISTRATION FORM		Marketing Department
1	PAYMENT INFORMATION:			
	Payment Terms(need drop down menu such as advance payment (30:70 or 100 % before dispatch) credit period, credit through Clean, LC, BG etc.) Credit Limit			
	Additional Credit Limit		. 11	
2	Bank Guarantee - Details:(If applicable, the below fields are mandatory)			
	Validity Expiry Date Amount			
3	Black Listed			
10	TECHNICAL INFORMATION: - To be filled by the Marketing Back office at the time of making AO			
	End Application - Actual End Application of Product - Door, Window, Pump Body, Pneumatic etc.			
	Industries - 12 Category (Bui Automobile, Transmission & Electronic, Defence, Medical Modular, Textile& Defence	Distribution, Electrical &		
	Aesthetic Requirement - Sele Anodising / PVDF / Achroma	ection (Powder Coating / tizing		
	Special Tolerance Requirement	ent		
	Special Packing Requirement			
	Special Remarks.			
_	istration done by ployee Name:			
Date:			Signatu	ire of the Employee.

