Jindal Aluminium Limited, Bangalore.		CUSTOMER REGISTRATION FORM		Marketing Department		
1	Customer Name	stomer Name		ACCUPACK ENGINEERING PVT. LTD.		
2	Address with PIN Code		PLOT NO- 6A, T.T.C. INDUSTRIEL AREA, MIDC, RABALE, NAVI MUMBAI- 400701			
3	Name of Contact Persons (2 Nos.) with Contact Nos.		MR. P.H. SAHANI			
4	Telephone No (With STD/ ISD code)		9892964062			
5	What's App No (With ISD code if outside India)		8369733873			
6	Email ID		purcahse@accupack.in			
7	Location - City / State / Zone		Navi Mumbai, Maharastra			
8	Customer Types : a. Govt. Company b. PSU c. OEM d. Fabricator e. Contractor f. Trader		OEM			
9	Other Information - Sis Concern Company etc.		-			
10	D Bank Details					
	Name of the Bank		Bank of India			
	Branch		Girgaum Branch			
	A/c No. With copy of Cancelled cheque		002130110000012			
	IFSC Code		BKID0000021			
	Bank Contact Detail - Email	/ Phone No.	Girgaum.Mum Tel. No- 022-23	baiSouth@bankofindia.co.in 3868161		
11	GST No Provide copy of GST Regist	ration Certificate	AAECA7031P1ZD			
12	PAN No. Provide copy of PAN		AAECA7131P			
Date	Date: 09.09.2020					
Place: Navi Mumbai			_	of Customer's Authorized on 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			
2	Bank Guarantee – Details: fields are mandatory)	(If applicable, the below		
	Validity Expiry Date			
	Amount			
3	Black Listed			
10	TECHNICAL INFORMATION: -			
	End Application - Actual End Application of Product - Door, Window, Pump Body, Pneumatic etc.			
	Industries - 12 Category (Building & Cons, Automobile, Transmission & Distribution, Electrical & Electronic, Defence, Medical, Automation, Solar, AHU, Modular, Textile & Defence			
	Aesthetic Requirement - Sel Anodising / PVDF / Achroma	,		
	Special Tolerance Requirem	ent		
	Special Packing Requirement	nt		
	Special Remarks.			
Registration done by Employee Name:				
Date:			Signat	ture of the Employee.