Jindal Aluminium Limited, Bangalore.		CUSTOMER REGISTRATION FORM		Marketing Department	
1	Customer Name		ALSAIF ALMAHALLIYA GENERAL TRADING AND CONTRACTING COMPANY		
2	Address with PIN Code		IBN ZUHAIF HAMAD CO MEZZANINE OFFICE NO ABRAQ KH KUWAIT	MPLEX E FLOOR . 10	
3	Name of Contact Persons (2 Nos.) with Contact Nos.		Mr. HUSAIN ABDUL KADER 00965-99406859		
4	Telephone No (With STD/ ISD code)		00965-99406	00965-99406859	
5	What's App No (With ISD code if outside India)		00965-99406	00965-99406859	
6	Email ID				
7	Location - City / State / Zone		ABRAQ KHAITAN KUWAIT		
8	Customer Types: a. Govt. Company b. PSU c. OEM d. Fabricator e. Contractor f. Trader		Trader		
9	Other Information - Sis Concern Company etc.				
10	Bank Details				
	Name of the Bank				
	Branch				
	A/c No. With copy of Cancelled cheque				
	IFSC Code				
	Bank Contact Detail - Email / Phone No.				
11	GST No Provide copy of GST Regist	ration Certificate			
12	PAN No. Provide copy of PAN				
	e: 24.12.2020 ce: BANGALORE		•	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.)		30% Advance & Balance by TT againt material readiness	
	Credit Limit			
	Additional Credit Limit			
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 (Building & Cons, Automobile, Transmission & Distribution, Electrical & Electronic, Defence, Medical, Automation, Solar, AHU, Modular, Textile & Defence			
	Aesthetic Requirement - Selection (Powder Coating / Anodising / PVDF / Achromatizing			
	Special Tolerance Requirem	nent		
	Special Packing Requireme	nt		
	Special Remarks.	_		
_	Registration done by Employee Name:			
Date:			Signa	ture of the Employee.