٠	Jindal Aluminium Limited, Bangalore.	CUSTOMER REGISTRATION FORM		Marketing Department	
1	Customer Name		ARIHANT PARADISE REALTY PVT. LTD.		
2	Address with PIN Code		Arihant Aura, 26th Floor,Plot No.13/1,TTC Industrial Area, Thane Belapur road, Turbhe ,MIDC, Turbhe,Navimumbai-400705, Thane Belapur road,		
3	Name of Contact Persons (2 Nos.) with Contact Nos.		Mr. Nimesh Shah- 9987075269		
			Mr. Abhishek Shukla -9619195775		
4	Telephone No (With STD/ ISD code)		022-62493344		
5	What's App No (With ISD co	de if outside India)			
6	Email ID		nimesh@asl.net.in		
7	Location - City / State / Zone		Navi Mumbai		
8	Customer Types:  a. Govt. Company b. PSU c. OEM d. Fabricator e. Contractor f. Trader				
9	Other Information - Sis Concern Company etc.		1- 1		
10	Bank Details				
	Name of the Bank		IndusInd bank		
	Branch		Vashi branch		
	A/c No. With copy of Cancelled cheque		201002057492		
	IFSC Code		INDB0000406		
	Bank Contact Detail - Email / Phone No.				
1	GST No Provide copy of GST Registration Certificate		27AAHCA3041P1ZH		
2	PAN No. Provide copy of PAN		AAHCA3041P		
Pate:26.03.2021 Place:MUMBAI			Signature of Customer's Authorized Person with Company Seal		

J	Jindal Aluminium Limited, Bangalore.  CUSTOMER REGISTRA		TION FORM	Marketing Departme
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 & 70% BEFORE DISPATCH	
	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: -			
	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	ent		
	Special Packing Requiremen			
	Special Remarks.			
	istration done by ployee Name:			
Date:			Signatu	ire of the Employee.