Jindal Aluminium Limited, Bangalore.		CUSTOMER REGISTRATION FORM		Marketing Department
1	Customer Name		BELT INDIA CONVEYOR SERVICE	
2	Address with PIN Code		NO. DP20, SIDCO INDUSTRIAL ESTATE, ASANUR, ULUNDURPET TALUK, TAMIL NADU – 606 307	
•	Name of Contact Persons (2 Nos.) with Contact Nos.		MR D ELANGOVAN - 9489795313	
3			MR D SUNDARRAJ - 9042820203	
4	Telephone No (With STD/ ISD code)		-	
5	What's App No (With ISD code if outside India)		9042820203	
6	Email ID		d.sundarraj@beltindiaconveyor.com	
7	Location - City / State / Zone		ASANUR, TAMIL NADU	
8	Customer Types : a. Govt. Company b. PSU c. OEM d. Fabricator e. Contractor f. Trader		OEM	
9	Other Information - Sis Concern Company etc.		NO	
10	Bank Details			
	Name of the Bank		CITY UNION	BANK
	Branch		NEYVELI	
	A/c No. With copy of Cance	lled cheque	5109090100	73474
	IFSC Code		CIUB0000284	
	Bank Contact Detail - Email	/ Phone No.		
11	GST No Provide copy of GST Registration Certificate		33AAOFB8367R1ZJ	
12	PAN No. Provide copy of PAN		AAOFB8367R	
Date: 08.01.2021 Place: ASANUR			Signature of Customer's Authorized Person with Company Seal	

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Jindal Aluminium Limited, Bangalore. CUSTOMER REGISTRA		TION 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 70% before dispatch	
	Credit Limit			
: 1	Additional Credit Limit			
2	Bank Guarantee – Details: (If applicable, the be fields are mandatory)		NA	
	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.		VULCANIZING MACHINE MANUFACTURING	
	Industries - 12 Category (Building & Cons, Automobile, Transmission & Distribution, Electrical & Electronic, Defence, Medical, Automation, Solar, AHU, Modular, Textile & Defence		OEM	
	Aesthetic Requirement - Se Anodising / PVDF / Achrom			
	Special Tolerance Requirement			
	Special Packing Requirement	nt		n '
	Special Remarks.			
	gistration done by ployee Name:			
Date:			Signature of the Employee.	

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