


Jindal Aluminium Limited, Bangalore.		<u>CUSTOMER REGISTRATION FORM</u>	Marketing Department
1	Customer Name	CMI LIMITED	
2	Address with PIN Code	VILLAGE-BHATOULI KHURD SAI ROAD BADDI, DIST-SOLAN-173205 HP	
3	Name of Contact Persons (2 Nos.) with Contact Nos.	PRATYAKSH AGARWAL- 9958533005	
		UMANG MITTAL-9599599238	
4	Telephone No (With STD/ ISD code)	011-4957000	
5	What's App No (With ISD code if outside India)	9958533005	
6	Email ID	Umang@cmilimited.in	
7	Location - City / State / Zone	Baddi-Himachal	
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	Bank Details		
	Name of the Bank	Indusind Bank Limited	
	Branch	Dr. Gopal Das Bhawan, 28, Barakhamba Road, Connaught Place, Delhi- 110001	
	A/c No. With copy of Cancelled cheque	650014086998, Cancelled Cheque Attached	
	IFSC Code	INDB0000005	
	Bank Contact Detail - Email / Phone No.		
11	GST No Provide copy of GST Registration Certificate	02AAACC2156L1Z0	
12	PAN No. Provide copy of PAN	AAACC2156L	
Date: Place:		 Signature of Customer's Authorized Person with Company Seal	

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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.)	10/90 ADVACE BEFORE DESPATCH	
	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 Requirement		
	Special Packing Requirement		
	Special Remarks.		
Registration done by Employee Name:			
Date:			Signature of the Employee.