


Jindal Aluminium Limited, Bangalore.		<u>CUSTOMER REGISTRATION FORM</u>	Marketing Department
1	Customer Name	DAIWIK INDUSTRIES	
2	Address with PIN Code	18, SAPTHAGIRI, YASHODHANAGARA, OPP. JAKKUR AIRODROME, YALAHANKA, BNAGALORE-560064	
3	Name of Contact Persons (2 Nos.) with Contact Nos.	PRAKASH HA 9844742684	
		MANOJKUMAR D 9741741225	
4	Telephone No (With STD/ ISD code)		
5	What's App No (With ISD code if outside India)	9844742684	
6	Email ID	SALES@DAIWIKINDUSTRIES.CO.IN	
7	Location - City / State / Zone	BANGALORE, KARNATAKA	
8	Customer Types : a. Govt. Company b. PSU c. OEM d. Fabricator e. Contractor f. Trader	MANUFATURER	
9	Other Information - Sis Concern Company etc.	NA	
10	Bank Details		
	Name of the Bank	ICICI BANK	
	Branch	KENERI BRANCH	
	A/c No. With copy of Cancelled cheque	233505000721	
	IFSC Code	ICIC0002335	
	Bank Contact Detail - Email / Phone No.		
11	GST No Provide copy of GST Registration Certificate	29EUPPM8207L1ZR	
12	PAN No. Provide copy of PAN	EUPPM8207L	
Date:17.02.2021 Place:BANGALORE			<p style="font-size: 1.2em; font-family: cursive;">Manoj Kumar D</p> Signature of Customer's Authorized Person with Company Seal

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1	<b>PAYMENT INFORMATION:</b>	
	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	<b>Bank Guarantee – Details: (If applicable, the below fields are mandatory)</b>	
	Validity	
	Expiry Date	
	Amount	
3	Black Listed	
10	<b>TECHNICAL INFORMATION: - To be filled by the Marketing Back office at the time of making AO</b>	
	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	HDPE
	Special Remarks.	
Registration done by Employee Name:		Signature of the Employee.
Date:		

