Jindal Aluminium Limited, Bangalore.		CUSTOMER REGISTRATION FORM		Marketing Department
1	Customer Name		ELECTROSHADES	
2	Address with PIN Code		C15, 2 <sup>ND</sup> CROSS AMBEDKAR INDUSTRIAL ESTATE, JIGANI INDUSTRIAL AREA PHASE 1, BANGALORE 560105	
3	Name of Contact Persons (2	2 Nos.) withContact Nos.	NIKHIL 8951791222	
4	Telephone No (WithSTD/ ISD code)		8951791222	
5	What's App No(With ISD code if outside India)			
6	Email ID		nikhil@elcoats.com	
7	Location - City / State / Zone		Bangalore, Karnataka, INDIA	
8	Customer Types:  a. Govt. Company  b. PSU  c. OEM  d. Fabricator  e. Contractor  f. Trader			
9	Other Information - Sis Concern Company etc.			
10	Bank Details			
	Name of the Bank		State Bank of India	
	Branch		Jigani	
	A/c No. With copy of Cance	lled cheque	33745081886	3
	IFSC Code		SBIN001135	5
	Bank Contact Detail - Email / Phone No.		_	
11	GST No Provide copy of GST Regist	ration Certificate	29AABPO036	63P1ZB
12	PAN No. Provide copy of PAN		AABPO0363P	
Date: 12.01.2021				ALLIED SO BAIGALORA SAU DES ASS
Place: Bangalore			Signature of Customer's Authorized Person with Company Seal	

Jindal Aluminium Limited, Bangalore.  CUSTOMER REGISTRA		ION 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.)			
	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 Requirement			
	Special Packing Requirement			
	Special Remarks.			
_	gistration done by ployee Name:			
Date:			Signat	ture of the Employee.