

Jindal Aluminium Limited, Bangalore.		CUSTOMER REGISTRATION FORM	Marketing Department
1	Customer Name	ESDEC INDIA SOLAR PRIVATE LIMITED	
2	Address with PIN Code	W-227, Khairane MIDC, Near by fire brigade, Thane Belpaur ,Raod , Kopar Khairane , Navi Mumbai, 400710,Maharashtra , India	
3	Name of Contact Persons (2 Nos.) with Contact Nos.	Mr. Nitin Bhosale	
		Mr. Dinesh Auti	
4	Telephone No (With STD/ ISD code)	+91 98675 56726	
5	What's App No (With ISD code if outside India)	+91 98675 56726	
6	Email ID	nitin.bhosale@srpl-group.in	
7	Location - City / State / Zone	Navi Mumbai/ Maharashtra/	
8	Customer Types : a. Govt. Company b. PSU c. OEM d. Fabricator e. Contractor f. Trader	C. OEM	
9	Other Information - Sis Concern Company etc.		
10	Bank Details		
	Name of the Bank	JP Morgan Chase Bank N.A	
	Branch	New Delhi Branch	
	A/c No. With copy of Cancelled cheque	5622415197	
	IFSC Code	CHAS0INBX02	
	Bank Contact Detail - Email / Phone No.		
11	GST No Provide copy of GST Registration Certificate	27AAFCE9487R1ZH	
12	PAN No. Provide copy of PAN	AAFCE9487R	
Date: 22.10.2021 Place: Navi Mumbai		 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.)		
	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.	Solar Structure	
	Industries - 12 Category (Building & Cons, Automobile, Transmission & Distribution, Electrical & Electronic, Defence, Medical, Automation, Solar, AHU, Modular, Textile & Defence	Solar	
	Aesthetic Requirement - Selection (Powder Coating / Anodising / PVDF / Achromatizing		
	Special Tolerance Requirement		
	Special Packing Requirement	Some times	
	Special Remarks.		
Registration done by Employee Name:		Signature of the Employee.	
Date:			