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| **Jindal Aluminium Limited, Bangalore.** | **CUSTOMER REGISTRATION FORM** | **Marketing Department** |
| 1 | Customer Name  | ETHAL ALUMINIUM MANUFACTURING PLC |
| 2 | Address with PIN Code | ADDIS ABABA, ETHIOPIA |
| 3 | Name of Contact Persons (2 Nos.) with Contact Nos.  | **Mr. Anil Poptani**  |
|  |
| 4 | Telephone No (With STD/ ISD code) | +251966686291 |
| 5 | What’s App No (With ISD code if outside India) |  |
| 6 | Email ID | anil@ethal.net |
| 7 | Location - City / State / Zone |  |
| 8 | Customer Types : 1. Govt. Company
2. PSU
3. OEM
4. Fabricator
5. Contractor
6. Trader
 | OEM |
| 9 | Other Information - Sis Concern Company etc. |  |
| 10 | Bank Details |  |
|  | Name of the Bank |  |
|  | Branch |  |
|  | A/c No. With copy of Cancelled cheque |  |
|  | IFSC Code |  |
|  | Bank Contact Detail - Email / Phone No. |  |
| 11 | GST NoProvide copy of GST Registration Certificate |  |
| 12 | PAN No. Provide copy of PAN |  |
| Date: 13.03.2021Place: BANGALORE | Signature of Customer’s Authorized Person with Company Seal |

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| **Jindal Aluminium Limited, Bangalore.** | **CUSTOMER REGISTRATION 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.) | Sight LC |
|  | 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. |  |
| Registration done by Employee Name:Date:  | Signature of the Employee. |