

Jindal Aluminium Limited, Bangalore.		<u>CUSTOMER REGISTRATION FORM</u>	Marketing Department
1	Customer Name	EXOTIC INNOVATIONS PVT LTD	
2	Address with PIN Code	7TH FLOOR, 715-A, SPENCER PLAZA, SUITE NO 475, MOUNT ROAD ANNA SALAL, CHENNAI, TAMIL NADU : 600002	
3	Name of Contact Persons (2 Nos.) with Contact Nos.	Pintu : 9741774841	
		Saraswathi : 9916583928	
4	Telephone No (With STD/ ISD code)	080-41206629	
5	What's App No (With ISD code if outside India)	9741774841	
6	Email ID	pintusharma@exoticinnovations.in	
7	Location - City / State / Zone		
8	Customer Types : a. Govt. Company b. PSU c. OEM d. Fabricator e. Contractor f. Trader	Contractors	
9	Other Information - Sis Concern Company etc.		
10	Bank Details		
	Name of the Bank	Kotak Mahindra Bank Ltd	
	Branch	Jayanagar Branch	
	A/c No. With copy of Cancelled cheque	7911661818	
	IFSC Code	KKBK0000421	
	Bank Contact Detail - Email / Phone No.		
11	GST No Provide copy of GST Registration Certificate	33AADCE3251N2ZU	
12	PAN No. Provide copy of PAN	AADCE3251N	
Date: 26/06/2020 Place: BANGALORE		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.)	45 DAYS PDC	
	Credit Limit		
	Additional Credit Limit		
2	Bank Guarantee – Details: (If applicable, the below fields are mandatory)	NONE	
	Validity		
	Expiry Date		
	Amount		
3	Black Listed	NO	
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:		Signature of the Employee.	
Date:			