Jindal Aluminium Limited, Bangalore.		CUSTOMER REGISTRATION FORM		Marketing Department	
1	Customer Name		GOOD EARTH BRICKS PYT		
2	Address with PIN Code		H. No. 232 Jor Bogh, Lodhi Road, Central Delhi New Delhi - 110003		
3	Name of Contact Persons (2 Nos.) with Contact Nos.		Mr. Ayush Gupta (9899934476) Mr. Ashelal PM (8287467412		
4	Telephone No (With STD/ ISD code)		01146571156		
5	.What's App No (With ISD co	de if outside India)	9899934475		
6	Email ID			odearthbreiks @ gmail.	
7	Location - City / State / Zone		Delhi		
8	Customer Types: a. Govt. Company b. PSU c. OEM d. Pabricator f. Trader		CONTRACTOR		
9	Other Information - Sis Concern Company etc.			daniel stepa to pa	
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 No Provide copy of GST Registra	ation Certificate	07AAC	-CG7869 A12x	
12	PAN No. Provide copy of PAN		AACCG7809Apvi. Ltd.		
Date: Place: Delhi			A A C C G 7 8 09 A Pvt. Ltd. For Gold Earth Bricks Pvt. Ltd. Signature of Customer's Authorized Person with Company Seal		

Jindal Aluminium Limited, Bangalore. CUSTOMER REGI		CUSTOMER REGISTRA	TION 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 fields are mandatory)	(If applicable, the below		
	Validity Expiry Date Amount	The state of the s		
2				
3	Black Listed	T-BIOP		
10	TECHNICAL INFORMATIO Marketing Back office at the			
	End Application - Actual End Door, Window, Pump Body,			
	Industries - 12 Category (Bu Automobile, Transmission & Electronic, Defence, Medica Modular, Textile & Defence	Distribution, Electrical &		
	Aesthetic Requirement - Se Anodising / PVDF / Achroma		in programme in the	Algorithms of the
	Special Tolerance Requirem	nent		
	Special Packing Requireme	nt		
	Special Remarks.			
ALL OF BUILDING	gistration done by ployee Name:			
Date:			Signat	ure of the Employee.