Jindal Aluminium Limited, Bangalore.		CUSTOMER REGISTRATION FORM		Marketing Department	
1	Customer Name	stomer Name		HINDUSTAN PRESSINGS PVT LTD	
			Gat No- 1070,1071,1072		
2	Address with PIN Code		Village-Markal, Tal-Khed, Dist- Pune -412105.		
3	Name of Contact Persons (2 Nos.) with Contact Nos.		Mr.Jayesh Jaiswal- 9372966308		
			Mr.Anil Patil- 7722092419		
4	Telephone No (With STD/ ISD code)		020- 67103535		
5	What's App No (With ISD code if outside India)		+91 7722092419		
6	Email ID		purchase@hpplindia.com		
7	Location - City / State / Zone		Pune / Maharashtra		
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		KOTAK MAH	INDRA BANK	
	Branch		CHINCHWAD PUNE		
	A/c No. With copy of Cancel	lled cheque	9612928542		
	IFSC Code		KKBK000072	5	
	Bank Contact Detail - Email	/ Phone No.			
11	GST No Provide copy of GST Regist	ration Certificate	27AABCM266	0C1ZV	
12	PAN No. Provide copy of PAN		27AABCM266	0	
Date:07/11/2020 Place:PUNE			_	of Customer's Authorized n with Company Seal	

Jindal Aluminium Limited, Bangalore.		CUSTOMER REGISTRATION FORM		Marketing Department
1	PAYMENT INFORMATION:	AYMENT 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.)		30% ADAVNCE AND BALANCE BEFORE DESPATCH	
	Credit Limit			
	Additional Credit Limit			
2	Bank Guarantee – Details: fields are mandatory)	(If applicable, the below		
	Validity			
	Expiry Date			
	Amount			
3	Black Listed			
10	TECHNICAL INFORMATION: -			
	End Application - Actual End Application of Product - Door, Window, Pump Body, Pneumatic etc.			
	ndustries - 12 Category (Building & Cons, Automobile, Transmission & Distribution, Electrical & Electronic, Defence, Medical, Automation, Solar, AHU, Modular, Textile & Defence			
	Aesthetic Requirement - Sel Anodising / PVDF / Achroma	,		
	Special Tolerance Requirem	nent		
	Special Packing Requirement	nt		
	Special Remarks.			
Registration done by Employee Name:				
Date:			Signa	ture of the Employee.