Jindal Aluminium Limited, Bangalore.		CUSTOMER REGISTRATION FORM		Marketing Department
1	Customer Name		K V ENGINEERING	
2	Address with PIN Code		M59, SANT ASHA RAM NAGAR, BAGSEWANIYA- BHOPAL- M.P 462043	
3	Name of Contact Persons (2 Nos.) with Contact Nos.		KAPIL SHARMA	
4	Telephone No (With STD/ ISD code)		9425600771	
5	What's App No (With ISD code if outside India)		9425600771	
6	Email ID		Kapilsharma1508@gmail.com	
7	Location - City / State / Zone		Bhopal/ m.p./ North	
8	Customer Types :  a. Govt. Company b. PSU c. OEM d. Fabricator e. Contractor f. Trader		Fabricators	
9	Other Information - Sis Cond	cern Company etc.		
10	Bank Details			
	Name of the Bank		PUNJAB NATIONAL BANK	
	Branch		HOSHANGABAD ROAD, BHOPAL	
	A/c No. With copy of Cancelled cheque		ATTACHED - 6553002100001656	
	IFSC Code		PUNB065530	00
	Bank Contact Detail - Email	/ Phone No.		
11	GST No Provide copy of GST Regist	ration Certificate	23AVWPS51124L1ZY	
12	PAN No. Provide copy of PAN		AVWPS5124L	
Date: KAPIL SHARMA Place: 28/10/2020			KAPIL SHARMA  Signature of Customer's Authorized  Person with Company Seal	

Jindal Aluminium Limited, Bangalore.		CUSTOMER REGISTRATION FORM		Marketing Department
1	PAYMENT INFORMATION:	RMATION:		
	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			
3	Black Listed			
10	TECHNICAL INFORMATION: - To be filled by the Marketing Back office at the time of making AO			
	End Application - Actual End Door, Window, Pump Body,			
	Industries - 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:			Signat	ure of the Employee.