


Jindal Aluminium Limited, Bangalore.		<u>CUSTOMER REGISTRATION FORM</u>	Marketing Department
1	Customer Name	KooK Engineering Industry	
2	Address with PIN Code	No.47,48,Thursday Postal Colony, Phase-2, Arumuga Goundanur, Coimbatore -641010	
3	Name of Contact Persons (2 Nos.) with Contact Nos.	K.Venkatesh Kumar - 9500997010	
		K.Mahendran - 9952630371	
4	Telephone No (With STD/ ISD code)		
5	What's App No (With ISD code if outside India)	9500997010	
6	Email ID	kookengineering@gmail.com	
7	Location - City / State / Zone	Coimbatore / Tamil Nadu	
8	Customer Types :	OEM	
	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	Indian Overseas Bank	
	Branch	Ram Nagar	
	A/c No. With copy of Cancelled cheque	132833000000011	
	IFSC Code	IOBA0001328	
	Bank Contact Detail - Email / Phone No.		
11	GST No Provide copy of GST Registration Certificate	33AAMFK7174M1ZR	
12	PAN No. Provide copy of PAN	AAMFK7174M	
Date: 25/8/2020 Place: Coimbatore		 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.)		
	Credit Limit	Immediate	
	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.