

Jindal Aluminium Limited, Bangalore.		<u>CUSTOMER REGISTRATION FORM</u>	Marketing Department
1	Customer Name (if individual)	KOORANS AGRO TECH	
2	Type of business (proprietorship firm/partnership firm/LLP/PVT. Ltd etc)	Proprietorship	
3	Supporting document as applicable (please collect copy of the document for records)	a) Firm registration certificate b) Partnership deed c) MOM/ AOA or LLP document d) GST No Provide copy of GST Registration Certificate e) PAN Card f) Adhar card (for individual)	
4	Address with PIN Code	PAYNADATH SHOPPING COMPLEX 10/298/B KORATTY EAST (PO) PONGAM-680306, THRISSUR (DIST)	
5	Name of Contact Persons (2 Nos.) with Contact Nos.	9400760768	
6	Telephone No (With STD/ ISD code)	-	
7	What's App No (With ISD code if outside India)	9947852279	
8	Email ID	kooransagrotech@gmail.com	
9	Location - City / State / Zone	Thrissur	
10	Customer Types : a. Govt. Company b. PSU c. OEM d. Fabricator e. Contractor f. Trader		
11	Other Information - Sis Concern Company etc.		
12	Bank Details		
	Name of the Bank		
	Branch		
	A/c No. With copy of Cancelled cheque		
	IFSC Code		

Bank Contact Detail - Email / Phone No.	
Date: Place:	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.)		30% advance , balance 70% before dispatch
	Credit Limit		
	Additional Credit Limit		
2	Bank Guarantee – Details: (If applicable, the below fields are mandatory)		NA
	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:		Signature of the Employee.	
Date:			