



Jindal Aluminium Limited, Bangalore.		<u>CUSTOMER REGISTRATION FORM</u>	Marketing Department
1	Customer Name	LARSEN & TOUBRO LIMITED, CONSTRUCTION DIVISION	
2	Address with PIN Code	ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEAR OLD NDRF CAMP, MANGALAGIRI, GUNTUR, ANDHRAPRADESH- 522503	
3	Name of Contact Persons (2 Nos.) with Contact Nos.	Mr. Pavan Kumar Reddy- 8884548000 Mr. Hariprasad - 9493311312	
4	Telephone No (With STD/ ISD code)	NA	
5	What's App No (With ISD code if outside India)	8884548000	
6	Email ID	avpavan@Intecc.com; vhp@Intecc.com	
7	Location - City / State / Zone	MANGALAGIRI, GUNTUR, ANDHRAPRADESH	
8	Customer Types : a. Govt. Company b. PSU c. OEM d. Fabricator e. Contractor f. Trader	CONTRACTOR	
9	Other Information - Sis Concern Company etc.	NA	
10	Bank Details		
	Name of the Bank	CITI BANK	
	Branch	MUMBAI	
	A/c No. With copy of Cancelled cheque	0015963158	
	IFSC Code	CITI0100000	
	Bank Contact Detail - Email / Phone No.		
11	GST No Provide copy of GST Registration Certificate	37AAACLO140P1ZI	
12	PAN No. Provide copy of PAN	AAACLO140P1ZI	
Date: 16 TH March 2021 Place: Guntur, Andhrapadesh		 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:			