


Jindal Aluminium Limited, Bangalore.		<u>CUSTOMER REGISTRATION FORM</u>	Marketing Department
1	Customer Name	MARUTHI INDUSTRIES	
2	Address with PIN Code	Maruthi Industries #128/1, Magadi Main Road, Machohalli Gate, Bangalore-560091	
3	Name of Contact Persons (2 Nos.) with Contact Nos.	Madhu.R 9742609516	
		Nithyananda.B 9880104330	
4	Telephone No (With STD/ ISD code)	-	
5	What's App No (With ISD code if outside India)	-	
6	Email ID	nithyananda@maruthiindia.com	
7	Location - City / State / Zone	Bangalore, Karnataka, India - 560091	
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	IDBI BANK AC00541 OD Account	
	Branch	R T NAGAR	
	A/c No. With copy of Cancelled cheque	ATTACHED	
	IFSC Code	IBKL0000363	
	Bank Contact Detail - Email / Phone No.	0363651100000541	
11	GST No Provide copy of GST Registration Certificate	29ABFFM0262J1Z6	
12	PAN No. Provide copy of PAN	ABFFM0262J	
Date: 11/11/2021 Place: BANAGLORE		 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.)		100% BEFORE DISPATCH
	Credit Limit		5,00,000 INR
	Additional Credit Limit		
2	Bank Guarantee – Details: (If applicable, the below fields are mandatory)		
	Validity		
	Expiry Date		
	Amount		
3	Black Listed		NO
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:			