Jindal Aluminium Limited, Bangalore.		CUSTOMER REGISTRATION FORM		Marketing Department
1	Customer Name		M/s. Maruti Enterprises	
2	Address with PIN Code		H-14, Sharad Industrial Estate, Lake Road, Bhandup – West, Mumbai – 400 078.	
3	Name of Contact Persons (2 Nos.) with Contact Nos.		Mr. Omprakash Tiwari - +91 98700 46744	
			Mr. Ashutosh Tiwari - +91 88791 41401	
4	Telephone No (With STD/ ISD code)		022 4002 2234	
5	What's App No (With ISD code if outside India)		+91 98700 46744	
6	Email ID		Maruti_enterprises1997@yahoo.com	
7	Location - City / State / Zone		Mumbai, Maharashtra	
8	Customer Types : a. Govt. Company b. PSU c. OEM d. Fabricator e. Contractor f. Trader		Contractor	
9	Other Information - Sis Concern Company etc.			
10	Bank Details			
	Name of the Bank		The Bharat Co-operative bank Limited	
	Branch		Bhandup Village Road	
	A/c No. With copy of Cancelled cheque		001813100000408	
	IFSC Code		BCBM0000019)
	Bank Contact Detail - Email	/ Phone No.	022 2566 138	36
11	GST No Provide copy of GST Regist	ration Certificate	27AAIPT1500E1Z1	
12	PAN No. Provide copy of PAN		AAIPT1500E	
Date: 01/09/2020 Place: Mumbai			MUMBAI GUUDOROL 400 078. W * S355	

Jindal Aluminium Limited, Bangalore.		CUSTOMER REGISTRATION FORM		Marketing Department
1	PAYMENT INFORMATION:	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			
	Additional Credit Limit			
2	Bank Guarantee – Details: fields are mandatory)	(If applicable, the below		
	Validity			
	Expiry Date			
	Amount			
3	Black Listed			
10	TECHNICAL INFORMATION: -			
	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 - Sel Anodising / PVDF / Achroma	•		
	Special Tolerance Requirem	nent		
	Special Packing Requirement	nt		
	Special Remarks.			
-	Registration done by Employee Name:			
Date:			Signat	ture of the Employee.