Jindal Aluminium Limited, Bangalore.		CUSTOMER REGISTRATION FORM		Marketing Department	
1	Customer Name		McCOY ARCHITECTURAL SYSTEMS PVT LTD		
2	Address with PIN Code		FLAT 10D, 10TH FLOOR, NEELAMBER BUILDING, 28B SHAKESPEARE SARANI, KOLKATA 700017		
3	Name of Contact Persons (2	Nos.) with Contact Nos.	MR DHANESH JHADWANI - 9833382513 MR KRISHNENDU SAMANTA - 9331408008		
4	Tolophono No (Mith STD/ ISD code)		033 – 4052-5122/033 – 2287-0067		
	Telephone No (With STD/ ISD code)		033 - 4052-5122/033 - 2287-0067		
5	What's App No (With ISD code if outside India)		dhanaah@maaay;;;		
6	Email ID		dhanesh@mccoy.in		
7	Location - City / State / Zone		KOLKATA		
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		STATE BANK OF INDIA		
	Branch		HAZRA ROAD		
	A/c No. With copy of Cancel	led cheque	62384138917		
	IFSC Code		SBIN0001649		
	Bank Contact Detail - Email	/ Phone No.	033- 2475048	39	
11	GST No Provide copy of GST Registr	ration Certificate	19AACCM27	60L1Z7	
12	PAN No. Provide copy of PAN		AACCM2760	L	
Date: 21.09.20 Place: Mumbai.			Signature of 0	Customer's Authorized Person y Seal	

Jindal Aluminium Limited, Bangalore.		CUSTOMER REGISTRATION FORM		Marketing Department
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			
	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 (Bu Automobile, Transmission & Electronic, Defence, Medica Modular, Textile & Defence	Distribution, Electrical &		
	Aesthetic Requirement - Sel Anodising / PVDF / Achroma	`		
	Special Tolerance Requirem	ent		
	Special Packing Requirement	nt		
	Special Remarks.			
Registration done by Employee Name:				
Date:			Signat	ture of the Employee.