Jindal Aluminium Limited, Bangalore.		CUSTOMER REGISTRATION FORM		Marketing Department
1	Customer Name		Nak Electronics Pvt. Ltd.	
2	Address with PIN Code		# 660 GF Saraswati Vihar Gurgaon 122002	
3	Name of Contact Persons (2 Nos.) withContact Nos.		 Mr. Bijender Yadav Mob. 09718399437 Mr. Dinesh Kumar Mob. 08447310888 	
4	Telephone No (WithSTD/ ISD code)		0124-4262666	
5	What's App No(With ISD code if outside India)		09718399437/08447310888	
6	Email ID		bijender@nakelectronics.com	
7	Location - City / State / Zone		Gurgaon (Haryana) 122002	
8	Customer Types : a. Govt. Company b. PSU c. OEM d. Fabricator e. Contractor f. Trader		Fabricator	
9	Other Information - Sis Concern Company etc.		Private limited.	
10	Bank Details		:	
	Name of the Bank		: Unic	on Bank of India
	Branch			
	A/c No. With copy of Cancel	led cheque		804010034079
	IFSC Code Bank Contact Detail - Email	/ Phone No	: UBIN	N0550981
11	GST No Provide copy of GST Registr		06AAGCN1582R1ZV	
12	PAN No. Provide copy of PAN		AAGCN1582R	
Date: 02/02/2021 Place: Gurgaon			•	of Customer's Authorized n with Company Seal

Jindal Aluminium Limited, Bangalore.		CUSTOMER REGISTRATION FORM		Marketing Department
1	PAYMENT INFORMATION:	AYMENT 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 :70	
	Credit Limit		NA	
	Additional Credit Limit		NA	
2	Bank Guarantee – Details:(If applicable, the below fields are mandatory)		NA	
	Validity		NA	
	Expiry Date		NA	
	Amount		NA	
3	Black Listed		NA	
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 (Bu Automobile, Transmission & Electronic, Defence, Medica Modular, Textile& Defence	Distribution, Electrical &		
	Aesthetic Requirement - Sel Anodising / PVDF / Achroma	•		
	Special Tolerance Requirem	ient		
	Special Packing Requirement	nt		
	Special Remarks.			
Registration done by Employee Name:				
Date:			Signat	ure of the Employee.