Jindal Aluminium Limited, Bangalore.		CUSTOMER REGISTRATION FORM		Marketing Department
1	Customer Name		PANCHSHIL ALUMINIUM PVT. LTD.	
2	Address with PIN Code		BUNGLOW No-22B, DIAMOND PARK, PARK STREET, WAKAD, PUNE-411057	
	Name of Contact Persons (2 Nos.) with Contact Nos.		AKSHAY AGARWAL-7350937564	
3			PAWAN AGARWAL-9370925001	
4	Telephone No (With STD/ ISD code)		-	
5	What's App No (With ISD code if outside India)		7350937564	
6	Email ID		akshay.panchshil@gmail.com	
7	Location - City / State / Zone		PUNE, MAHARASHTRA	
8	Customer Types : a. Govt. Company b. PSU c. OEM d. Fabricator e. Contractor f. Trader		TRADER	
9	Other Information - Sis Cor	ncern Company etc.		
10	Bank Details			
	Name of the Bank		STATE BANK OF INDIA	
	Branch		PIMPRI	
	A/c No. With copy of Cancelled cheque		39732606432	
	IFSC Code		SBIN0004523	
	Bank Contact Detail - Email / Phone No.		mani.shah@sbi.co.in / 8888877455	
11	GST No Provide copy of GST Regis	tration Certificate	29AEKPL9610F2Z9	
12	PAN No. Provide copy of PAN		AEKPL9610F	
Date: 04/11/2020 Place: Pune, Maharashtra.			Signature of Customer's Authorized Person with Company Seal	

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Jindal Aluminium Limited, Bangalore.		TION 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.)		100% before dispatch	
	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 INFORMATIO Marketing Back office at th	-		
	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:			Signa	ture of the Employee.