

Jindal Aluminium Limited, Bangalore.		<u>CUSTOMER REGISTRATION FORM</u>	Marketing Department
1	Customer Name	M/s. POWERBAR GULF LLC	
2	Address with PIN Code	N15-N18, AL GHAIL INDUSTRIAL PARK,  RAS AL KHAIMAH PO BOX 13229, UNITED ARAB EMIRATES	
3	Name of Contact Persons (2 Nos.) with Contact Nos.		
4	Telephone No (With STD/ ISD code)	TEL: +971 7 221 6100 (EXT 229 & 329)	
5	What's App No (With ISD code if outside India)		
6	Email ID	yatins@powerbargulf.ae	
7	Location - City / State / Zone	UAE	
8	Customer Types : a. Govt. Company b. PSU c. OEM d. Fabricator e. Contractor f. Trader	Trader	
9	Other Information - Sis Concern Company etc.		
10	Bank Details		
	Name of the Bank		
	Branch		
	A/c No. With copy of Cancelled cheque		
	IFSC Code		
	Bank Contact Detail - Email / Phone No.		
11	GST No Provide copy of GST Registration Certificate		
12	PAN No. Provide copy of PAN		
Date: 28/01/2021 Place: BANGALORE		Signature of Customer's Authorized Person with Company Seal	

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1	<b>PAYMENT INFORMATION:</b>		
	<b>Payment Terms</b> (need drop down menu such as advance payment (30:70 or 100 % before dispatch) credit period, credit through Clean, LC, BG etc.)		30% Avance by TT ; Balance by TT against material readiness.
	<b>Credit Limit</b>		
	Additional Credit Limit		
2	<b>Bank Guarantee – Details: (If applicable, the below fields are mandatory)</b>		
	<b>Validity</b>		
	<b>Expiry Date</b>		
	<b>Amount</b>		
3	Black Listed		
10	<b>TECHNICAL INFORMATION: - To be filled by the Marketing Back office at the time of making AO</b>		
	<b>End Application - Actual End Application of Product - Door, Window, Pump Body, Pneumatic etc.</b>		
	<b>Industries - 12 Category (Building &amp; Cons, Automobile, Transmission &amp; Distribution, Electrical &amp; Electronic, Defence, Medical, Automation, Solar, AHU, Modular, Textile &amp; Defence</b>		
	<b>Aesthetic Requirement - Selection (Powder Coating / Anodising / PVDF / Achromatizing</b>		
	<b>Special Tolerance Requirement</b>		
	<b>Special Packing Requirement</b>		
	<b>Special Remarks.</b>		
Registration done by Employee Name:		Signature of the Employee.	
Date:			