J	indal Aluminium Limited, Bangalore.	CUSTOMER REGISTR	OMER REGISTRATION FORM		Marketing Department	
1	Customer Name		PREET	1 GLASS	HOUSE	
2	Address with PIN Code		PREETI GLASS HOOSE A-1/7, Nehru Ground OPP-Syndicate Back, Neelam N.I.T. Faridabed-121001 Mr. Yogendest 9811228947			
3	Name of Contact Persons (2 Nos.) with Contact Nos.		Mr. yogendest 9811228947			
4	Telephone No (With STD/ IS	D code)				
5	What's App No (With ISD code if outside India)		9811228947			
6	Email ID					
7	Location - City / State / Zone		Fanidabed			
8	Customer Types : a. Govt. Company b. PSU c. OEM d. Fabricator e. Contractor f. Trader		D.			
9	Other Information - Sis Conc	ern Company etc.	No			
10	Bank Details					
	Name of the Bank		· State B	embe of	Andry	
	Branch		State Benk of Andry Neelom cheorle			
	A/c No. With copy of Cancell	ed cheque				
	IFSC Code		SBIN003	31310		
	Bank Contact Detail - Email /	Phone No.				
11	GST No Provide copy of GST Registration Certificate		06 A OOF	S1362n	1025	
12	PAN No. Provide copy of PAN	A008 S1362M				
Date Place	e: 25.01.2021 ce: fouldabed			of Customer's		

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: (If applicable, the below fields are mandatory)			
	Validity			
	Expiry Date			
	Amount			
3	Black Listed			
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 (Building & Cons, Automobile, Transmission & Distribution, Electrical & Electronic, Defence, Medical, Automation, Solar, AHU, Modular, Textile & Defence			
	Aesthetic Requirement - Sel Anodising / PVDF / Achroma			
	Special Tolerance Requirem	ent		
	Special Packing Requirement	nt		
	Special Remarks.			
Registration done by Employee Name: Date:			Signat	ure of the Employee.