

Jindal Aluminium Limited, Bangalore.		<u>CUSTOMER REGISTRATION FORM</u>	Marketing Department
1	Customer Name	S.K ENTERPRISES	
2	Address with PIN Code	NO. 199, BASHYAMNAGAR, 4TH CROSS, SRIRAMPURAM BANGALORE 560021	
3	Name of Contact Persons (2 Nos.) with Contact Nos.	SAMPATH KUMAR 9886260225 / 9538975221	
4	Telephone No (With STD/ ISD code)		
5	What's App No (With ISD code if outside India)	9886260225	
6	Email ID	sampathkumar.ske@gmail.com	
7	Location - City / State / Zone	BANGALORE NORTH , KARNATAKA	
8	Customer Types : a. Govt. Company b. PSU c. OEM d. Fabricator e. Contractor f. Trader	Manufactures	
9	Other Information - Sis Concern Company etc.	N/A	
10	Bank Details		
	Name of the Bank	CANARA BANK	
	Branch	SRIRAMPURAM BRANCH	
	A/c No. With copy of Cancelled cheque	0682201001241	
	IFSC Code	CNRB0000682	
	Bank Contact Detail - Email / Phone No.		
11	GST No Provide copy of GST Registration Certificate	29ARZPK7708D1Z6	
12	PAN No. Provide copy of PAN	ARZPK7708D	
Date: 10.02.2021 Place: BANGALORE		<p style="text-align: center;">For S. K. ENTERPRISES</p> <p style="text-align: center;"><i>R. Sampath Kumar</i> Proprietor Signature of Customer's Authorized Person with Company Seal</p>	

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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.)	30. :70	
	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 - Selection (Powder Coating / Anodising / PVDF / Achromatizing		
	Special Tolerance Requirement		
	Special Packing Requirement		
	Special Remarks.		
	Registration done by Employee Name:		Signature of the Employee.
	Date:		