Jindal Aluminium Limited, Bangalore.		CUSTOMER REGISTRATION FORM		Marketing Department	
1	Customer Name		Sickle Innovations Private Limited		
2	Address with PIN Code		#A61, Sector 25, GIDC Electronics, Gandhinagar Gujarat 382016		
3	Name of Contact Persons (2 Nos.) with Contact Nos.		Nitin Gupta 9426647045 Malik Kumar 9408481234		
			IVIAIIN NUITIAI 3400401234		
4	Telephone No (With STD/ ISD code)				
5	What's App No (With ISD code if outside India)		+919426647045		
6	Email ID		purchase@sickle.in		
7	Location - City / State / Zone		Gandhinagar/Gujarat		
8	Customer Types: a. Govt. Company b. PSU c. OEM d. Fabricator e. Contractor f. Trader		OEM		
9	Other Information - Sis Cond	cern Company etc.			
10	10 Bank Details				
	Name of the Bank		Kotak Mahindra Bank		
	Branch		Satellite, Ahm	Satellite, Ahmedabad	
	A/c No. With copy of Cancelled cheque		3711624541		
	IFSC Code		KKBK0000810		
	Bank Contact Detail - Email	/ Phone No.			
11	GST No Provide copy of GST Regist	ration Certificate	24AAUCS0888	H1ZS	
12	PAN No. Provide copy of PAN		AAUCS0888H		
Date: Place:			_	of Customer's Authorized n with Company Seal	

Jindal Aluminium Limited, Bangalore.		CUSTOMER REGISTRATION FORM		Marketing Department	
1	PAYMENT INFORMATION:	YMENT 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: fields are mandatory)	(If applicable, the below			
	Validity Expiry Date Amount				
3	Black Listed				
10	TECHNICAL INFORMATION: - To be filled by the Marketing Back office at the time of making AO				
		ion - Actual End Application of Product - w, Pump Body, Pneumatic etc.		Conveyor Rollers	
	Industries - 12 Category (Bu Automobile, Transmission & Electronic, Defence, Medica Modular, Textile & Defence	Distribution, Electrical &	Food		
	Aesthetic Requirement - Sel Anodising / PVDF / Achroma	`	Anodizing 10	micron	
	Special Tolerance Requirem	nent	:-1, +1mm cuttir	ng	
	Special Packing Requirement	nt			
	Special Remarks.				
Registration done by Employee Name:					
Date:			Signature of the Employee.		