

Jindal Aluminium Limited, Bangalore.		<b><u>CUSTOMER REGISTRATION FORM</u></b>	Marketing Department
1	<b>Customer Name</b>	sofcon elevators	
2	<b>Address with PIN Code</b>	16/B, GALI NO 3 12/6 GURUKUL, INDUSTRIAL AREA FARIDABAD, Faridabad, Haryana, 121003	
3	<b>Name of Contact Persons (2 Nos.) with Contact Nos.</b>	Husain / 9926121123	
4	Telephone No (With STD/ ISD code)		
5	What's App No (With ISD code if outside India)	9926121123	
6	<b>Email ID</b>	Husain0324@gmail.com	
7	Location - City / State / Zone	Faridabad / Haryana	
8	Customer Types : a. Govt. Company b. PSU c. OEM d. Fabricator e. Contractor f. Trader	OEM	
9	Other Information - Sis Concern Company etc.		
10	<b>Bank Details</b>		
	<b>Name of the Bank</b>	Axis Bank Ltd.	
	Branch	Green Park ,Delhi	
	<b>A/c No. With copy of Cancelled cheque</b>	918020075199885	
	<b>IFSC Code</b>	UTIB0000015	
	Bank Contact Detail - Email / Phone No.		
11	<b>GST No</b> <b>Provide copy of GST Registration Certificate</b>	06ADQPN3581L1ZX	
12	<b>PAN No.</b> <b>Provide copy of PAN</b>	ADQPN3581L	
Date:16-02-2021 Place:Faridabad ,Haryana		Signature of Customer's Authorized Person with Company Seal	

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1	<b>PAYMENT INFORMATION:</b>		
	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	<b>Bank Guarantee – Details: (If applicable, the below fields are mandatory)</b>		
	Validity		
	Expiry Date		
	Amount		
3	Black Listed		
10	<b>TECHNICAL INFORMATION: - To be filled by the Marketing Back office at the time of making AO</b>		
	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:			