


Jindal Aluminium Limited, Bangalore.		<u>CUSTOMER REGISTRATION FORM</u>	Marketing Department
1	Customer Name	SUNRISE BUILDING SYSTEMS	
2	Address with PIN Code	PLOT NO. 27, GF, GURJAR MOHALLA, CHANDAN HULLA, NEW DELHI-110074	
3	Name of Contact Persons (2 Nos.) with Contact Nos.	MR. ARVIND KUMAR-9717822468	
		MR. BISHAN DUTT-9999438819	
4	Telephone No (With STD/ ISD code)	NO	
5	What's App No (With ISD code if outside India)	9717822468/9999438819	
6	Email ID	sunrisebuildingsystems@gmail.com	
7	Location - City / State / Zone	SOUTH DELHI	
8	Customer Types : a. Govt. Company b. PSU c. OEM d. Fabricator e. Contractor f. Trader	MANUFACTURER, FABRICATOR	
9	Other Information - Sis Concern Company etc.		
10	Bank Details		
	Name of the Bank	PUNJAB NATIONAL BANK	
	Branch	CHANDAN HULLA	
	A/c No. With copy of Cancelled cheque	4988002100003249	
	IFSC Code	PUNB0307800	
	Bank Contact Detail - Email / Phone No.		
11	GST No Provide copy of GST Registration Certificate	07ADCFS1379M1ZN	
12	PAN No. Provide copy of PAN	ADCFS1379M	
Date: 26.12.2020 Place: DELHI-110074		 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:			