Jindal Aluminium Limited, Bangalore.		CUSTOMER REGISTRATION FORM		Marketing Department
1	Customer Name		THYSSENKR	RUPP MATERIALS IBERICA
2	Address with PIN Code		SUCURSAL EM PORTUGAL, APARTADO 32, 2584-908 CARREGADO, PORTUGAL VAT No.: PT980 494 958	
3	Name of Contact Persons (2 Nos.) with Contact Nos.		T.B.S. Rao T: +91 22 40478704, M: +9819194711	
4	4 Telephone No (With STD/ ISD code)			
5	What's App No (With ISD co	ode if outside India)		
6	Email ID		Georgina.Mate	os@thyssenkrupp.com
7	Location - City / State / Zone		CARREGADO, PORTUGAL	
8	Customer Types: a. Govt. Company b. PSU c. OEM d. Fabricator e. Contractor f. Trader		Trader	
9	Other Information - Sis Cond	cern Company etc.		
10	Bank Details			
	Name of the Bank			
	Branch			
	A/c No. With copy of Cancel	led cheque		
	IFSC Code Rank Contact Datail Email	/ Phone No		
11	Bank Contact Detail - Email GST No Provide copy of GST Regist			
12	PAN No. Provide copy of PAN			
Date: 28/11/2020 Place: BANGALORE			•	of Customer's Authorized n with Company Seal

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.)			
			100% PAYMENT AGAINST 60 DAYS LC	
	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 Requirem	ent		
	Special Packing Requirement	nt		
	Special Remarks.			
_	gistration done by ployee Name:			
Date:			Signa	ture of the Employee.