

Jindal Aluminium Limited, Bangalore.		<u>CUSTOMER REGISTRATION FORM</u>	Marketing Department
1	Customer Name	TIANA INTERNATIONAL	
2	Address with PIN Code	4/454-455 TRITHALA(PO) PALAKKAD (DIS) KERALA -INDIA PIN CODE 679534	
3	Name of Contact Persons (2 Nos.) with Contact Nos.	AMEER BABU.K 6238859554	
		MUHAMMED NISHAD 8921058659	
4	Telephone No (With STD/ ISD code)	04662271110	
5	What's App No (With ISD code if outside India)	6238859554	
6	Email ID	TIANAINTL@GMAIL.COM	
7	Location - City / State / Zone	TRITHALA	
8	Customer Types : a. Govt. Company b. PSU c. OEM d. Fabricator e. Contractor f. Trader	TRADER	
9	Other Information - Sis Concern Company etc.		
10	Bank Details		
	Name of the Bank	CSB BANK	
	Branch	PATTAMBI	
	A/c No. With copy of Cancelled cheque	010504244529195001	
	IFSC Code	CSBK0000105	
	Bank Contact Detail - Email / Phone No.	pattambi@csb.co.in 04922212232	
11	GST No Provide copy of GST Registration Certificate	32AZBPA7694L2Z6	
12	PAN No. Provide copy of PAN	AZBPA7694L	
Date: 17-01-2021 Place: TRITHALA		<p>For TIANA INTERNATIONAL</p> <p><i>Muhammad babu. K</i></p> <p>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.)		
	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:			