



Jindal Aluminium Limited, Bangalore.		<u>CUSTOMER REGISTRATION FORM</u>	Marketing Department
1	Customer Name	VINAYAK METAL CRAFT LLP	
2	Address with PIN Code	1309-1310 GIDC ESTATE PHASE-3 VATVA, AHMEDABAD-382445	
3	Name of Contact Persons (2 Nos.) with Contact Nos.	SUSHIL BINAYKIA - +91 9825667788 ALPESH JANI-9909971393	
4	Telephone No (With STD/ ISD code)	079 25832277	
5	What's App No (With ISD code if outside India)		
6	Email ID	fortvin@gmail.com	
7	Location - City / State / Zone	AHMEDABAD	
8	Customer Types : a. Govt. Company b. PSU c. OEM d. Fabricator e. Contractor f. Trader	OEM	
9	Other Information - Sis Concern Company etc.	NA	
10	Bank Details	A/C No.:200230110000175	
	Name of the Bank	BANK OF INDIA	
	Branch	ASHRAM ROAD, AHMEDABAD-380009	
	A/c No. With copy of Cancelled cheque	ATTACHED HEAR WITH	
	IFSC Code	BKID0002002	
	Bank Contact Detail - Email / Phone No.	ashramroad.ahmedabad@bankofindia.co.in Phone No 079-26582395 , 079-26589706	
11	GST No Provide copy of GST Registration Certificate	24AAOFV6948C1ZU	
12	PAN No. Provide copy of PAN	AAOFV6948C	
Date:22.01.2021 Place:AHMEDABAD		  <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:			