

| Jindal Aluminium Limited, Bangalore. | | <u>CUSTOMER REGISTRATION FORM</u> | Marketing Department |
|---|---|--|----------------------|
| 1 | Customer Name | M/s.VV METALLI SRL | |
| 2 | Address with PIN Code | P.ZZA DELLA CONCILIAZIONE,5 20123 MILANO, ITALY | |
| 3 | Name of Contact Persons (2 Nos.) with Contact Nos. | Mr.Nicolò Di Sotto | |
| 4 | Telephone No (With STD/ ISD code) | | |
| 5 | What's App No (With ISD code if outside India) | | |
| 6 | Email ID | nicolo1@sodemi.it | |
| 7 | Location - City / State / Zone | MILANO, ITALY | |
| 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 | Bank Details | | |
| | Name of the Bank | | |
| | Branch | | |
| | A/c No. With copy of Cancelled cheque | | |
| | IFSC Code | | |
| | Bank Contact Detail - Email / Phone No. | | |
| 11 | GST No Provide copy of GST Registration Certificate | | |
| 12 | PAN No. Provide copy of PAN | | |
| Date: 11.03.2021 Place: BANGALORE | | Signature of Customer's Authorized Person with Company Seal | |

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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.) | 20 % Advance by TT and balance by TT against material readiness | |
| | 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: | | | |