Jindal Aluminium Limited, Bangalore.		CUSTOMER REGISTRATION FORM		Marketing Department
1	Customer Name		Wingster Engineers Pvt Ltd	
2	Address with PIN Code		Unit 710 PP Trade Center Netaji Subash Place 110034	
3	Name of Contact Persons (2 Nos.) with Contact Nos.		Deepak Bhambri 9873335253	
4	Telephone No (With STD/ ISD code)		01141345040	
5	What's App No (With ISD code if outside India)		+919873335253	
6	Email ID		deepak@wingster.org	
7	Location - City / State / Zone		New Delhi	
8	Customer Types : a. Govt. Company b. PSU c. OEM d. Fabricator e. Contractor f. Trader		Contractor	
9	Other Information - Sis Cond	cern Company etc.		
10	Bank Details			
	Name of the Bank		ICICI	
	Branch		Janak Puri	
	A/c No. With copy of Cancelled cheque		008705007595	
	IFSC Code		ICIC000087	
	Bank Contact Detail - Email	/ Phone No.		
11	GST No Provide copy of GST Regist	ration Certificate	07AABCW6458Q1ZI	
12	PAN No. Provide copy of PAN		AABCW6458Q	
Date:20-11-2020 Place: New Delhi			Signature of Customer's Authorized Person with Company Seal	

Jindal Aluminium Limited, Bangalore.		CUSTOMER REGISTRAT	TION 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.)			
	Credit Limit			
	Additional Credit Limit			
2	Bank Guarantee – Details: fields are mandatory)	(If applicable, the below		
	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 - Sel Anodising / PVDF / Achroma	•		
<u> </u>	Special Tolerance Requirem	nent		
	Special Packing Requirement	nt		
	Special Remarks.			
Registration done by Employee Name:				
Date:			Signat	ture of the Employee.