

**SHAHID HUSSAN SCAFFOLDING IND. LLC**

P.O. Box : 79028, Ind. Area 11, Sharjah UAE

Mobile : +971-351144401; +971-303971249

Email : shahid@shahidind.com; Websites : www.shahidind.com



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**APPLICATION FORM CREDIT FACILITY**

<b>A</b>	<b>General Details</b>				
1	Name of Organization	SWITCHGEAR ELECTROMECHANICAL LLC			
B	Legal Status	L.L.C.	(Whether LLC, Co., Partnership, Proprietorship)		
C	Address	DHAFIR TOWER FLOOR # 1801 NAJDA ST ABU DHABI UAE			
D	Telephone	02 633 8781			
E	Fax	02 633 8782			
F	Email	services@swgrelmech.com			
G	Year of Establishment	2008			
H	Commercial Regn. No.		Expiry Date		
I	Trade License No.	CN - 1152025	Expiry Date	09/09/2019	
<b>J</b>	<b>Details of Owner / Proprietor / Partners</b>				
	Name		Nationality		
	K. ELANCHEZHIAN	OWNER	INDIAN		
	SUJATHA SUNDARAVARDAN	PARTNER	INDIAN		
<b>K</b>	<b>Names and Address of Subsidiary / Associate Co.</b>				
<b>L</b>	<b>Details of companies you currently enjoy credit facilities from</b>				
	Name	Contact Person	Mobile / Phone	Credit Limit	Payment Terms
	SAFELINE	MR. ARTHUR	02 550 3858	2,000,000	120 DAYS PDC
	AL GURG BLDG	MR. SUNIL	02 205 5124	2,000,000	120 DAYS PDC
	DHAFIR	MR. ARIF	02 643 4422	2,000,000	120 DAYS PDC
<b>M</b>	<b>Details of Credit requirement</b>				
	Credit Limit AED _____ 100,000.00 _____ for 120 DAYS PDC _____ days				
<b>N</b>	<b>Name and Address of Bankers with A/C No.</b>				
	Name & Branch		Account No.		
	COMMERCIAL BANK OF DUBAI		1002057832		
	NATIONAL BANK OF FUJAIRAH		1200072253		
<b>O</b>	<b>Authorized Signatories for cheques / Bill of Exchange / Other banking documents</b>				
	Name	Designation	Specimen Signature		
	K.ELANCHEZHIAN	MANAGING DIRECTOR			
<b>P</b>	<b>Authorized signatory for LPOs</b>				
	Name	Designation	Specimen Signature		
	K.ELANCHEZHIAN	MANAGING DIRECTOR			
	MUTHARASAN ANBAZHAGAN	OPERATIONS MANAGER			
	ASHOK CHARLES	MANAGER - PROJECT EXECUTION			

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### General Terms & Conditions :-

- 1 An Interest of 12% will be charged on the outstanding amounts beyond the allowed credit period.
- 2 Purchases will only be delivered against local purchase orders signed by authorized personnel.
- 3 The firm/company will be totally responsible for payments of any materials supplied against LPOs duly signed by authorized personnel unless and otherwise an adequate notice is given to us in writing canceling those signatures.
- 4 All disputes arising in respect of all outstanding over due account shall be finally referred to the Dubai Court for Settlement.
- 5 This Credit Application is to be signed by the owner of the firm. In case it is signed by a person other than the owner / copy of Authority given to the signatory by owner/s to sign such a document is to be attached.

I/We agree to the above condition and declare that all information given in this application are true and correct.



Local Sponsor's Name

Signature.....

Telephone No.: 02-6338781

Mob : .....

### Documents Required

- 1 Copy of Valid Trade License.
- 2 Copy of Chamber of Commerce / Economic Department Certificate.
- 3 Copy of Sponsor Passport / Identity Card
- 4 Copies of Document showing authorised signatory.
- 5 Guarantee Cheque, undated (amount to be decided at the time of credit approvals).

### **For office use only**

Account No.....

Limit (Dhs).....

Product/s.....

Time Period.....

Remarks.....

### Approved By :-

Sales Manager.....

Accounts Manager.....

General Manager .....

Managing Director.....