

# SHAHID HUSSAN SCAFFOLDING IND. LLC

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

Mobile : +971-551144401; +971-503971249

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



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## APPLICATION FORM CREDIT FACILITY

A	General Details				
1	Name of Organization	AROMA IN'SL BLSG CONTI LLC			
B	Legal Status	LLC	(Whether LLC, Co., Partnership, Proprietorship)		
C	Address	P.O. Box : 29736, DUBAI			
D	Telephone	04 2974558			
E	Fax	04 2974559			
F	Email	aroma1@aim.ae			
G	Year of Establishment	2001			
H	Commercial Regn. No.	57539	Expiry Date	23/09/2020	
I	Trade License No.	529366	Expiry Date	23/09/2020	
J	Details of Owner / Proprietor / Partners				
	Name	Nationality			
	SAJEEV P.K	M.D	INDIAN		
	-				
	-				
K	Names and Address of Subsidiary / Associate Co.				
	-				
	-				
	-				
L	Details of companies you currently enjoy credit facilities from				
	Name	Contact Person	Mobile / Phone	Credit Limit	Payment Terms
	MEVA	FAYYAZ	043411180	1,000,000	90 DAYS CREDIT
	DESARAH	NARGHERE	043337012	500,000	120 DAYS CREDIT
	HILTI	MARTIN	0480044584	300,000	90 DAYS CREDIT
M	Details of Credit requirement				
	Credit Limit AED	300,000	for	120	days
N	Name and Address of Bankers with A/C No.				
	Name & Branch		Account No.		
	CBO, MAIN BR. DUBAI		1000572238		
	ADCB		182817020002		
O	Authorized Signatories for cheques / Bill of Exchange / Other banking documents				
	Name	Designation	Specimen Signature		
	SAJEEV P.K	MANAGING DIRECTOR			
P	Authorized signatory for LPOs				
	Name	Designation	Specimen Signature		
	BOWEY MATHEW	PROJECTS CO-ORDINATOR			
	JOHNSON V.P.	PURCHASE MANAGER			

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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

MANAGING DIRECTOR

Signature.....

Telephone No.:

04 2974558

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.....