



شهادة تسجيل لضريبة القيمة المضافة في الامارات العربية المتحدة
Certificate of Registration for Value Added Tax in the United Arab Emirates

The Federal Tax Authority certifies that the entity below is
a registered person for Value Added Tax in the UAE

تشهد الهيئة الاتحادية للضرائب أن الجهة التالية مسجلة لضريبة القيمة
المضافة في الامارات العربية المتحدة

Full Arabic legal name	يوابة النجوم لتكيب انظمة التكيف (ش.ذ.م.م)	الاسم القانوني الكامل باللغة العربية
Full English legal name	Star Gate Air Conditioning Systems Fitting LLC	الاسم القانوني الكامل باللغة الانجليزية
Registered address	Saraya House/511-0, Al Mararr, Dubai, Dubai, United Arab Emirates, 96447, +971504656428	العنوان المسجل
Tax Registration Number	100324716800003	رقم التسجيل الضريبي
Effective Registration Date	01/01/2018	تاريخ التسجيل الفعلي
First VAT Return Period	1 Jan 2018 – 30 April 2018 and quarterly thereafter	فترة أول إقرار لضريبة القيمة المضافة
VAT Return due date	28th day following the end of the VAT return period	تاريخ استحقاق إقرار ضريبة القيمة المضافة
Start and end dates of Tax periods:	1 Feb to 30 Apr, 1 May to 31 July, 1 Aug to 31 Oct, 1 Nov to 31 Jan	بداية ونهاية الفترات الضريبية

يرجى التأكد من صحة تفاصيل الشهادة. يجب إبلاغ الهيئة الاتحادية للضرائب في حال تغيير الاسس التي حصلت فيها على رقم التسجيل
الضريبي الخاص بك.

Please check that the details on this certificate are correct. You must inform the Federal Tax Authority of any change on the
basis of which you obtained your Tax Registration Number.



Issuing Date:

18/01/2018

تاريخ الإصدار

SHAHID HUSSAN SCAFFOLDING IND. LLC

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

Mobile : +971-551144401; +971-503971249

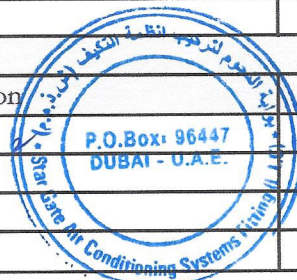
Email : shahid@shahidind.com; Websites : www.shahidind.com

SHAHID Industries

Page 1

APPLICATION FORM CREDIT FACILITY

A	General Details				
1	Name of Organization	Star Gate Airconditioning Systems Fitting. LLC			
B	Legal Status	(Whether LLC, Co., Partnership, Pro			
C	Address	Saraya properties . office # 076			
D	Telephone	04- 2734759			
E	Fax	04- 2734762			
F	Email	sgateac@emirates.net.ae			
G	Year of Establishment	2007			
H	Commercial Regn. No.		Expiry Date		
I	Trade License No.	598625	Expiry Date	25-07-2020	
J	Details of Owner /Proprietor / Partners				
	Name	Nationality			
	SASIDHARAN . C	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
M	Details of Credit requirement				
	Credit Limit AED	10,000	for	60	days
N	Name and Address of Bankers with A/C No.				
	Name & Branch			Account No.	
	Mashreq Bank. A/c # 010990056232				
O	Authorized Signatories for cheques / Bill of Exchange / Other banking documents				
	Name	Designation	Specimen Signa		
	SASIDHARAN . C		[Signature]		
P	Authorized signatory for LPOs				
	Name	Designation	Specimen Signa		
	SASIDHARAN . C	Manager	[Signature]		



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

SHAHID Industries

Page 2

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 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 Authorized 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.

Company Stamp



Local Sponsor's Name

Signature.....

Telephone No.:.....

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.....