

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				
SUPREME WATERPROOFING & INSULATION LLC					
B	Legal Status				(Whether LLC, Co., Partnership, Proprietorship)
C	Address				
D	Telephone				
E	Fax				
F	Email				
G	Year of Establishment				
H	Commercial Regn. No.		Expiry Date		
I	Trade License No.		Expiry Date		
J Details of Owner / Proprietor / Partners					
Name		Nationality			
MULOOK USMAN		INDIA			
KABER AHMED		INDIA			
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
1) ANAZEL				500000	160 DAYS
2) IMI				300000	90 DAYS
3) CONMIX				300000	90 DAYS
M Details of Credit requirement					
Credit Limit AED 200000 for 30 DAYS days					
N Name and Address of Bankers with A/C No.					
Name & Branch			Account No.		
DUBAI ISLAMIC BANK			055-526-1488067-01		
O Authorized Signatories for cheques / Bill of Exchange / Other banking documents					
Name		Designation		Specimen Signature	
[Signature]		PARTNER'S		AHMED KABER	
P Authorized signatory for LPOs					
Name		Designation		Specimen Signature	
UTTAM ROY		PURCHASE OFFICER		[Signature]	

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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

MASOOMA ABDULHUSSAIN NASSER ZADEH

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.....