# 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



Page 1

					DIT FACILITY		
A	General Details						
1	Name of Organization	AL MA	SHOOD	BERGI	OMBILLC		
В	Legal Status	LL	C		(Whether LLC, Co.,	Partnership, Proprietorship)	
С	Address	PO BOX-47176 MUSAFFALL, ABUDI			ALL ABUDHAIS	J.	
D	Telephone	02-5500499					
Е	Fax	02-5500 787					
F	Email	adoffice Quambae					
G	Year of Establishment	24/04				-	
Н	Commercial Regn. No.	, , ,	Expiry Date				
I	Trade License No.	CN-10319.	24		Expiry Date	19/12/2019	
J	Details of Owner /Propo	rietor / Partners					
	Name Nationality						
	AHMED MOH	AMMEDALMA	SACOD (OW)	NER			
		REHARBI					
17 22/18/20	,	000, AUTOI		-			
EA	Name Con	TAVAID (	it facilities from  Mobile / Ph  02-5547  09-4582	<i>575</i> 722	Credit Limit  1,000,000.00  OPEN (REPI)		
DEA M-1	Name Con  SCAFOLDING - 9  ANUBIT - 5  Details of Credit require  Credit Limit AED 1,00	ABOUL RUB  ANDOL RUB	Mobile / Ph 02-5547 09-4582	<i>575</i> 722	1,000,000.00 OPEN (REPI)	30 DAYS PPC	
DE4 H-1 M	Name Con  SCAFUL DI NOI - 1  ANUBIT - 2  Details of Credit require  Credit Limit AED 1,20  Name and Address of B	ABOUL RUB  ANDOL RUB	Mobile / Ph 02-5547 09-4582	<i>575</i> 722	1,000,000.00 OPEN (REPI)	20 DAYS)	
M	Name Com  SCAFOLDING - A  ANUBIT - S  Details of Credit require  Credit Limit AED 1, Details  Name and Address of B	ABOUL RUB  ABOUL RUB  AMOUNT	Mobile / Ph D2-5547 DD-4582 for <u>90</u>	575 722 days(	1,000,000.00  OPEN (REPI)  ONE MILLION, G	20 DAYS) No.	
DEA H-1 M	Name Com  SCAFOLDING - A  ANUBIT - S  Details of Credit require  Credit Limit AED 1, Details  Name and Address of B	ABOUL RUB  ABOUL RUB  AMOUNT	Mobile / Ph D2-5547 DD-4582 for <u>90</u>	575 722 days(	1,000,000.00 OPEN (REPI) ONEMILLION, O	20 DAYS) No.	
DE4 H-1 M	Name Com  SCAFOLDING - A  ANUBIT - S  Details of Credit require  Credit Limit AED 1, Details  Name and Address of B	ABOUL RUB  ABOUL RUB  AMOULT	Mobile / Ph D2-5547 D9-4582  for 90	575 722 days(	1,000,000.00  OPEN (REPI)  ONEMILLION,  Account	20 DAYS) No.	
M N	Name Con  SCAFOLDING - A  ONUBLE - S  Details of Credit require  Credit Limit AED 4,000  Name and Address of B	ABOUL RUB  ABOUL RUB  AMOULT	Mobile / Ph  02-5547  00-4582  for 90  BUPHAB   xchange / Other	575 722 days(	1,000,000.00  OPEN (REPI)  ONEMILLION,  Account	20 DAYS) No.	
M M	Name Com  SCAFUL DI NOT - 1  ANUBIT - 2  Details of Credit require  Credit Limit AED 1,20  Name and Address of B  FURST ARU DUT  Authorized Signatories f  Name	ABOUL RUB  THE RUB  T	Mobile / Ph D2-5547 DD-4582  for 90  BUPHATS   xchange / Other	days days days days days days days days	1,000,000.00  OPEN (REPI)  ONE MILLION, O  Account	30 DAYS DDC 200 DAYS)  No. 42781018  Specimen Signature	
M M	Name Com  SCAFOLDING - A  ANUBLE - S  Details of Credit require  Credit Limit AED 1, D  Name and Address of B  FURST ABU DETA  Authorized Signatories of Name  JOHNSON SAME	ABOUL RUB  THOUSE  THE PERSON  ABOUL RUB  THE PERSON	Mobile / Ph  D2-5547  D9-4582  for 90  BUPHAB   xchange / Other  Design	days days days days days days days days	1,000,000.00  OPEN (REPI)  Account  ACCOUNT  OCCUMENTS	30 DAYS PPC 20 DAYS) No. 42781018	
M N	Name Com  SCAFUL DI NOT - 1  ANUBIT - 2  Details of Credit require  Credit Limit AED 1,20  Name and Address of B  FURST ARU DUT  Authorized Signatories f  Name	TABOUL RUB  THOUSE  THE PERSON  ABOUL RUB  THE PERSON	Mobile / Ph D2-5547 DD-4582  for 90  BUPHATS   xchange / Other	days days days days days days days days	1,000,000.00  OPEN (REPI)  Account  ACCOUNT  OCCUMENTS	No.  Specimen Signature	
M N	Name Com  SCAFOLDING - A  Details of Credit require  Credit Limit AED 1, Detail  Name and Address of B  FURST ABU DETAIL  Authorized Signatories of Name  JOHNSON SAME  MANUS H RAC	TABOUL RUB  THOUSE  THE PERSON  ABOUL RUB  THE PERSON	Mobile / Ph D2-5547 D9-4582  for 90  BUPHABI  xchange / Other Designment LIAL FANCE MA	days days days days days days days days	1,000,000.00  OPEN (REPI)  Account  ACCOUNT  OCCUMENTS	No.  Specimen Signature	
M N	Name Con  SCAFOLDING - A  ANUBIT - S  Details of Credit require  Credit Limit AED 1,000  Name and Address of B  FIRST ARU DITA  Authorized Signatories of Name  JOHNSON SAMO  Authorized signatory for Name	ankers with A/C No.  Name & Branch  BBI BANK - A  For cheques / Bill of E  WEL COM  T PAL FUN  T LPOS	Mobile / Ph  D2-5547  D9-4582  for 90  BUPHABI  xchange / Other  Designment Clar  ANCE Mary  Designment Design	days (	1,000,000.00  OPEN (REPI)  ONEMILLION, C  Account  OCUMENTS	No.  Specimen Signature	
M N	Name Com  SCAFOLDING - A  ANUBIT - S  Details of Credit require  Credit Limit AED 4, 20  Name and Address of B  FIRST ARU DITA  Authorized Signatories of Name  JOHNSON SAMO  Authorized signatory for	ankers with A/C No.  Name & Branch  For cheques / Bill of E  UEL LOMA  TOMA  TOMA  LONG  L	Mobile / Ph D2-5547 D9-4582  for 90  BUPHABI  xchange / Other Designment LIAL FANCE MA	days (	1,000,000.00  OPEN (REPI)  ONEMILLION, C  Account  OCUMENTS	No.  Specimen Signature  Specimen 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.
- 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.
- 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.

Company Stamp

AL MASAOOD BERGUM W.L.L.

Tel.: 02-5500499 . 1. 00. 1614 . 1612 . 17.00. 1614 . 1612 . 17.00. 1614 . 1612 . 17.00. 1614 . 1612 . 17.00. 1614

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