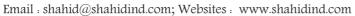
SHAHID HUSSAN SCAFFOLDING IND. LLC

P.O. Box : 79028, Ind. Area 11, Sharjah UAE Mobile : +971-551144401; +971-503971249





Page 1

	APPLICATION FORM CREDIT FACILITY										
A	General Details										
1	Name of O	rganization									
В	Legal Status			(Whether LLC, Co., F				Partnership, Proprietorship)			
С	Address						•				
D	Telephone										
Е	Fax										
F	Email										
G	Year of Establishment										
Н	Commercial Regn. No.			Expiry Date							
I	Trade License No.			Expiry Date							
J	Details of	Owner /Proprie	tor / Partn	ers							
	Name		Nationality								
K	Names and	d Address of Su	bsidiary / 1	Associate Co.							
L	Details of	companies you									
1	Name C		ntact Person Mobile / Pho			ne	Credit Limit		Payment Terms		
M		of Credit requirement									
	Credit Limi	Credit Limit AED for days									
N	Name and Address of Bankers with A/C No.										
	Name & Brar			ch			Account No.				
О	Authorized	l Signatories for	ories for cheques / Bill of Exchange / Other banking documents								
	Name			Designation				Specimen Signature			
P	Authorized signatory for LPOs										
	Name			Designation				Specimen 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



Page 2

General Terms & Conditions:-

- An Interest of 12% will be charged on the outstanding amounts beyond the allowed credit period.
- Purchases will only be delivered against local purchase orders signed by authorized personnel. 2
- 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.
- 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

3	signatory by owner/s to sign such a document is to be att	tached.					
I/We	agree to the above condition and declare that all info	rmation given in this application are true and correct.					
	Company Stamp	Local Sponsor's Name					
		Signature					
		Telephone No.:					
		Mob :					
Docui	ments 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					
Accou	nt No	Limit (Dhs)					
Produ	ct/s	Time Period					
Remar	ks						
Appro	ved By :-						
Sales N	Manager	Accounts Manager					
Gener	al Manager	Managing Director					