

# 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	<b>General Details</b>				
1	Name of Organization	THE WELLNESS TECHNICAL SERVICES CO.LLC			
B	Legal Status	LLC	(Whether LLC, Co., Partnership, Proprietorship)		
C	Address	P.O.BOX.191175, OFFICE NO.P314&P315, THE BINARY TOWER, MARASI DRIVE, BUSINESS BAY, DUBAI			
D	Telephone	04 362 9625			
E	Fax	04 362 9223			
F	Email	office@thewellness.ae			
G	Year of Establishment	2007			
H	Commercial Regn. No.	124697	Expiry Date	07/10/2020	
I	Trade License No.	601618	Expiry Date	07/10/2020	
J	<b>Details of Owner /Proprietor / Partners</b>				
	Name	Nationality			
	MOHAMMED IBRAHIM	OWNER	AUSTRIA		
K	<b>Names and Address of Subsidiary / Associate Co.</b>				
L	<b>Details of companies you currently enjoy credit facilities from</b>				
	Name	Contact Person	Mobile / Phone	Credit Limit	Payment Terms
	FLUIDRA	SUNIL GILL	04 883 5505	1,000,000	120 DAYS
	AQUA M.E	JAMIEL	06 5260563	300,000	90 DAYS
	MAPEI	SHOAIB	04 8156666	400,000	90 DAYS
M	<b>Details of Credit requirement</b>				
	Credit Limit AED 100,000/- for 60 days				
N	<b>Name and Address of Bankers with A/C No.</b>				
	Name & Branch			Account No.	
	RAK BANK, SHEIKH ZAYED ROAD			0122242892001	
O	<b>Authorized Signatories for cheques / Bill of Exchange / Other banking documents</b>				
	Name	Designation		Specimen Signature	
	MOHAMMED IBRAHIM	C.E.O.			
P	<b>Authorized signatory for LPOs</b>				
	Name	Designation		Specimen Signature	
	NO SIGNATURE REQUIRED, PREPARED IN SAP				

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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.

Company Stamp

**thewellness**

THE WELLNESS TECHNICAL SERVICES CO. L.L.C.

Office P314 & P315, The Binary Tower  
Business Bay, P.O. Box 191175 Dubai, UAE  
tel. no. +971 4 362 9625 / fax no. +971 4 362 9223

Local Sponsor's Name FAISAL MAHMOUD ABDALLA AMIRI

Signature.....

Telephone No.: 04 362 9625

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.....