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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		APPLICA'	TION FORM	I CREI	DIT FACILITY		
A	General Details						
1	Name of Organization	KBJ Contracting					
В	Legal Status	LL	C		(Whether LLC, Co., Partnership, Proprietorship)		
С	Address	P.O. Box: 376862,					
D	Telephone	01-2865455					
Е	Fax	04-2865455,					
F	Email	ad min @ Kbi Contracting, Com, Surject@ KDI Contracting, Com					
G	Year of Establishment		2010				
Н	Commercial Regn. No.	6405	7-2	Expiry Date		5-06.2021	
Ι	Trade License No.	0400	242712		Expiry Date	3.010 2000	
Ţ	Details of Owner /Proprie	etor / Partners					
	Name	The state of the s		100	Nationality		
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	And the state of t	ct Person	Mobile / Ph	ALTERNATION OF BUILDING CONTRACT	Credit Limit	Payment Terms	
1.	National Read	y hija	04-2858	221	1 million	godays,	
	Dawoi	nd	<u> </u>				
5.	Mohammed Ste	04-259		20	500,000 AED	60 days	
M	Details of Credit requirem						
	Credit Limit AED 300	,000 AED	for	days			
1	Name and Address of Bar	ddress of Bankers with A/C No.					
	N	ame & Branch		Account No.			
1	ADCB	CARAMA Branch		10497209220001			
2.	NBF	Buriman					
)		Cheques / Bill of Exchange / Other banking documents					
	Name		Designation			Specimen Signature	
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General Terms & Conditions :-

- An Interest of 12% will be charged on the outstanding amounts beyond the allowed credit period. 1
- 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.
- All disputes arising in respect of all outstanding over due account shall be finally referred to the Dubai Court for Settlement. 4

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 anti-decisive that all information given in this application are true and correct. -Local Sponsor's Name Authorized Signature Comp Signature.... Telephone No.: 04-2865455. Mob :.... **Documents Required** Copy of Valid Trade License. 1 2 Copy of Chamber of Commerce / Economic Department Certificate. 3 Copy of Sponsor Passport / Identity Card ~ ^ 4 Copies of Document showing authorised signatory.

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