SHAHID HUSSAN SCAFFOLDING IND. LLC

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1			APPLIC	CAT	ION I	FORM	I CRE	DIT	FACIL	ITY				
A	General De	etails												
1	Name of O	rganization	RELIANCI	E EL	ECTR0	MECHA	ANICAL	PL	MBING	CONTI	RACTIN	G C	0 . L	LC.
В	Legal Status LLC								(Whether LLC, Co., Partnership, Proprietorship)					torship)
(:	Address 14B ST. UMM RAMOOL, DUBAI, UAE													
D	Telephone 04 286 2 Fax 04 285 9													
Е					9849									
F	Email stores @ rem				-vae.	om								
G	Year of Establishment 1990								-				4.0	200
H	Commercia		40195						ry Date					2020
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J		Owner /Propr	ietor / Partner	rs					1			_		
	Name							Natio						
	MR. HASSAN ABDUL HAMID				-				MAINA					
	MR. ESSA IBRAHIM FARAH			- A					VATIONAL					
			MKT.D D.MUULL	ED BINBELAILA UAE NAT					NATIONAL					
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General Terms & Conditions :-

- 4 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.



Local Sponsor's Name Harrage Signature.....

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