

# 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	General Details				
1	Name of Organization	Mediclinic Hospitals LLC (AL Jawhara Hospital)			
B	Legal Status	LLC	(Whether LLC, Co., Partnership, Proprietorship)		
C	Address	Civic Centre - ALAIN, UAE			
D	Telephone				
E	Fax				
F	Email	Anil.K@mediclinic.ae			
G	Year of Establishment	S. 10. 2016			
H	Commercial Regn. No.		Expiry Date		
I	Trade License No.	1037795-4	Expiry Date	28-8-2019	
J	Details of Owner / Proprietor / Partners				
	Name	Nationality			
	AL Noor Commercial Investment	United Arab Emirates			
	Emirates Healthcare Limited	British Virgin Island			
K	Names and Address of Subsidiary / Associate Co.				
L	Details of companies you currently enjoy credit facilities from				
	Name	Contact Person	Mobile / Phone	Credit Limit	Payment Terms
	Emirates	Anoop Jayan	046058250	5M	120 Days
	Gulf Drug	Ammar Al Bittar	045014000	5M	120 Days
M	Details of Credit requirement				
	Credit Limit AED _____ for _____ days				
N	Name and Address of Bankers with A/C No.				
	Name & Branch			Account No.	
	Standard Chartered Bank,			01-3905918-01	
	Mankhool Branch, Dubai, UAE				
O	Authorized Signatories for cheques / Bill of Exchange / Other banking documents				
	Name	Designation		Specimen Signature	
P	Authorized signatory for LPOs				
	Name	Designation		Specimen Signature	
	Gibby George	Procurement Manager			

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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

ميدىكلينيك ميديل إيست  
مانيجمنت سيرفيسز منطقة دبي  
Mediclinic Middle East  
Management Services FZ-LLC  
ص.ب. ١٢٣٨١٢، دبي - إ.ع.م.  
PO BOX 123812, DUBAI UAE

Procurement Manager Capital & General

Local Sponsor's Name

Signature

Telephone No.

Mob

04- 5122992  
050 4504016

### 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.....