## 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  | ORIENT E                                  | LECTRON      | 1 ECHAN     | ICAL' (         | o-'llc.                 |  |  |
| В                                | Legal Status  | LLC                                       |              | (Whether    | LLC, Co., Partn | ership, Proprietorship) |  |  |
| С                                | Address   | MO3 UMM                                   | 1 RAMOOL     | - UAE       | DUBAT           |                         |  |  |
| D                                | Telephone   | 0428511                                   | 30           |             |                 |                         |  |  |
| E                                | Fax   |   | 0            | •           |                 |                         |  |  |
| F                                | Email   | ouchase @ orient mep . com                |              |             |                 |                         |  |  |
| G                                | Year of Establishment   | 190                                       | 18           |             |                 |                         |  |  |
| Н                                |   | 130925                                    |              | Expiry Date |                 | 15/12/2020              |  |  |
| I                                | Trade License No.   | 509379                                    |              | Expiry Date |                 | 15/12/2020              |  |  |
| J                                | Details of Owner /Proprietor / Partners   |   |              |             |                 |                         |  |  |
|                                  | Name  | Nationality                               |              |             |                 |                         |  |  |
|                                  |   | EEM KHAN INDIA                            |              |             |                 |                         |  |  |
|                                  |   | PHDIA                                     |              |             |                 |                         |  |  |
| 17                               |   | ASMA ALE ABDULLA ALI UAE                  |              |             |                 |                         |  |  |
| K                                | Names and Address of Subsidiary / Associate Co.                                 |   |              |             |                 |                         |  |  |
|                                  |   |   |              |             |                 |                         |  |  |
|                                  | 1   |   |              |             |                 |                         |  |  |
| L                                | L Details of companies you currently enjoy credit facilities from               |   |              |             |                 |                         |  |  |
|                                  | Name Contact Pe   |   | bile / Phone | Credit Lir  | nit             | Payment Terms           |  |  |
|                                  |   |   | 3358009      | 2 12000/    |                 | 60 days.                |  |  |
|                                  | (1) - Unique &  |   | 385221       | 1,00,000    | 1-              | 120 days.               |  |  |
| 8                                |   | Lectricals- 0557530202 200,000/- 120 days |              |             |                 |                         |  |  |
| M                                | Details of Credit requirement   |   |              |             |                 |                         |  |  |
|                                  | Credit Limit AED 25000 — for 90 days  |   |              |             |                 |                         |  |  |
|                                  | <del> </del>  |   |              |             |                 |                         |  |  |
| N                                | Name and Address of Bankers with A/C No.  |   |              |             |                 |                         |  |  |
|                                  |   | Name & Branch Account No.                 |              |             |                 |                         |  |  |
|                                  | EMIRATES ISLAI  |   |              |             | 8271901         |                         |  |  |
|                                  | TAD AL HAMAR BRANCH   |   |              |             |                 |                         |  |  |
| О                                | Authorized Signatories for cheques / Bill of Exchange / Other banking documents |   |              |             |                 |                         |  |  |
|                                  | Name  | Designation / Spedimen Signature          |              |             |                 |                         |  |  |
|                                  | MOHAMMAD SALE   | EM KHAN.                                  | M.D.         |             | Say.            | let                     |  |  |
|                                  |   |   |              |             |                 |                         |  |  |
| P                                | Authorized signatory for LPOs   |   |              |             |                 |                         |  |  |
|                                  | Name  | 0   | Designation  |             | Spee            | simen Signature         |  |  |
|                                  | KASHIP HUSSAIN  | Sr. 13                                    | 10 comment o | ficer       | MM              |                         |  |  |
|                                  | FAIZ FAITEEM  | D <sub>9</sub>                            | 10 cupment   | Hicer       |                 |                         |  |  |
|                                  |   | 1   |              | 1)1-27      | - Jan           |                         |  |  |
|                                  | I   | 1   |              |             |                 | D.T.                    |  |  |

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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.
- 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 STATE OF THE PORT OF T

Local Sponsor's Name

Signature....

Telephone No.: 0 4283113

Mob: 054389927

**Documents Required** 

- 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 |