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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		APPLICAT	ION FORM	CREDIT	FACILITY		
10	General Details				0		
1,	Name of Organization	CHAMPS !	and Stars T	ECHNICAL	SERVICES LLC		
1	Name of Organization	Charles			OV/hether LLC, Co., I	Partnership, Proprietorship)	
,	Legal Status	LLC					
		De O CTT T	amor Duhai Sil	icon Ousis	Dubai UAE.		
	Address	302 STT Tower Dubai Silicon asis, Dubai UAF.					
-	Telephone	050 85848	24		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	Fax	ambika@cosmea.com					
	Email Year of Establishment	0.00					
	Year of Establishment Commercial Regn. No.	7-11			Expiry Date		
_	Trade License No.	792956	797956 Expiry Date 23/10/20				
	" CO - Peopriator / Partners						
_	Name			Nationality			
_	Ambéka Devi Prabhakaran Indi			(d)			
	MMDIKA DEVI TYKO	10KBION					
du	Details of companies y Name Co May Hassan Abdul S Details of Credit require Credit Limit AED	ontact Person	Mobile / Pl	77 .	Credit Limit	Payment Terms I month PDC.	
	Credit Billie						
	1						
1	Name and Address of	Bankers with A/C					
1	Name and Address of	Bankers with A/C Name & Branch			Accour		
1	Name and Address of	Name & Branch	No.		Accour		
	RAK Bank, Dr	Name & Branch	No.	AE 8 701	0000 8826175		
	RAk Bank , Dan	Name & Branch	of Exchange / Oth	AE 8 701	0000 8826175	79001	
	RAK Bank , Dan Authorized Signatories Name	Name & Branch ngen Floot Br s for cheques / Bill	of Exchange / Oth	AE 8 701	0000 8826175	7 900 1 Specimen Signature	
	RAk Bank , Dan	Name & Branch ngen Floot Br s for cheques / Bill	of Exchange / Oth	AE 8 701	0000 8826175	79001	
)	RAK Bank , Dan Authorized Signatories Name Ambika Deui	Name & Branch ngen Host Br s for cheques / Bill	of Exchange / Oth	AE 8 701	0000 8826175	7 900 1 Specimen Signature	
0	RAK Bank , Dan Authorized Signatories Name Ambika Devi Authorized signatory	Name & Branch ngen Host Br s for cheques / Bill	of Exchange / Oth Des	AE 8 702 er banking do	0000 8826175	Specimen Signature	
0	Authorized Signatories Name Authorized Signatories Name Authorized Signatory (Name	Name & Branch ngon Host Branch s for cheques / Bill M for LPOs	of Exchange / Oth Des	AE 8 701	0000 8826175	Specimen Signature Specimen Signature	
O P	RAK Bank , Dan Authorized Signatories Name Ambika Devi Authorized signatory	Name & Branch ngon Host Branch s for cheques / Bill M for LPOs	of Exchange / Oth Des	AE 8 702 er banking do	0000 8826175	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.
- 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.

Company Stamp



Local Sponsor's Name

Signature.....

Telephone No.:....

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		