

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	BAWABT Alexandria T.S			
B	Legal Status	Sole	(Whether LLC, Co., Partnership, P		
C	Address	Business Bay Exchange Tower Dubai OFF. 1904 14 Floor			
D	Telephone	04 247 2640			
E	Fax	04 554 5130			
F	Email	info@gessoglobal.com			
G	Year of Establishment	2020			
H	Commercial Regn. No.		Expiry Date		
I	Trade License No.	#906781 #	Expiry Date 22.09.2022		
J	Details of Owner /Proprietor / Partners				
	Name	Nationality			
	ABDEL Hamid Hussein	EGYPT.			
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	Paym
	NBM	Sregh		700.000	
	Gybsenna	Najil		700.000	
M	Details of Credit requirement				
	Credit Limit AED	20,000	for	15	days
N	Name and Address of Bankers with A/C No.				
	Name & Branch			Account No.	
	Emirates Islamic Bank			BAWABT Alexandria T.S	
O	Authorized Signatories for cheques / Bill of Exchange / Other banking documents				
	Name	Designation			Specimen Sign
	Abdel hamid Hussein	Gr. owner			
P	Authorized signatory for LPOs				
	Name	Designation			Specimen Sign
	Abdelhamid Hussein	Gr. owner			0559979411

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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 person 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 Authorizatory by owner/s to sign such a document is to be attached.

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.: 055 9979911

Mob : Abdel Hamid

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.....