

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	SCAFFCO-SCAFFOLDING CONSTRUCTION EST.			
B	Legal Status	PROPRIETORSHIP	(Whether LLC, Co., Partnership, Proprietorship)		
C	Address	M41 127-128 B6, INDUSTRIAL CITY OF ABU DHABI			
D	Telephone	02-5500688			
E	Fax	02-5500689			
F	Email	scaffco@eim.ae			
G	Year of Establishment	1980			
H	Commercial Regn. No.	100288198300003	Expiry Date		
I	Trade License No.	CN-1018148	Expiry Date		
J	Details of Owner / Proprietor / Partners				
	Name				Nationality
	MR. NOEL EL HAGE				LEBANESE
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
		LEOPAD DUBAI	04-3375815	AED 300,000.00	60 DAYS CREDIT
		KD INDUSTRY	04-883370	AED 500,000.00	120 DAYS PDC
		DOKA EMIRATES LLC	04-8708700	AED 300,000.00	90 DAYS PDC
M	Details of Credit requirement				
	Credit Limit AED 300,000.00 for 90 days				
N	Name and Address of Bankers with A/C No.				
	Name & Branch			Account No.	
	INVEST BANK			466395030000	
O	Authorized Signatories for cheques / Bill of Exchange / Other banking documents				
	Name	Designation		Specimen Signature	
	MR. NOEL EL HAGE	GENERAL MANAGER			
	MS. SANDHYA PARANKUSHAM	FINANCE MANAGER			
P	Authorized signatory for LPOs				
	Name	Designation		Specimen Signature	
	MR. NOEL EL HAGE	GENERAL MANAGER			
	MS. NENITA SACASAS	PROCUREMENT MANAGER			
	MS. PAULINE CURIBOT	PROCUREMENT ASSISTANT			

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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



Local Sponsor's Name MR. MUHAMMAD MARWAN MALIK
YOUSEF ALHAMAR

Signature.....

Telephone No.: 02-5500688

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.....