

SHAHID HUSSAN SCAFFOLDING IND. LLC

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APPLICATION FORM CREDIT FACILITY

A	General Details				
1	Name of Organization	AL SERKAL ENVIROL			
B	Legal Status	LLC.	(Whether LLC, Co., Partnership, Proprietorship)		
C	Address	Dubai.			
D	Telephone	043209688			
E	Fax	043209688			
F	Email	shahid@blue.ae			
G	Year of Establishment	2001			
H	Commercial Regn. No.	189184	Expiry Date		
I	Trade License No.	604495	Expiry Date	22/12/2019	
J	Details of Owner / Proprietor / Partners				
	Name				Nationality
	Ahmed Bin Eisa, Bin Nasser				UAE
	Eisa Bin Ahmad Bin Eisa Bin Nasser				UAE
K	Names and Address of Subsidiary / Associate Co.				
	Blue Hg, Alserkal Megahb,				
L	Details of companies you currently enjoy credit facilities from				
	Name	Contact Person	Mobile / Phone	Credit Limit	Payment Terms
	Vision Steel Fab		055 5291288		30 Days
M	Details of Credit requirement				
	Credit Limit AED	20,000	for	30	days
N	Name and Address of Bankers with A/C No.				
	Name & Branch			Account No.	
	COMMERCIAL BANK OF DUBAI				
O	Authorized Signatories for cheques / Bill of Exchange / Other banking documents				
	Name	Designation		Specimen Signature	
	Mohammed AL Raabi	Managing Director			
P	Authorized signatory for LPOs				
	Name	Designation		Specimen Signature	
	Mosa Zafoun	procurement head		23/09/19	

### General Terms & Conditions :-

- 1 An interest of ~~12%~~ <sup>0%</sup> 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

Signature.....

Mosa Zaiton A

Telephone No.....

04 282 3300

Mob : .....

23/09/19

### 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.....