

APPLICATION FOR CREDIT FACILITY

I. COMPANY PROFILE

NAME OF THE COMPANY

LOCATION

MAILING ADDRESS

TEL NO & CONTACT PERSON

FAX & TEL NO

E-MAIL ADDRESS

NAME OF PARTNERS/
DIRECTORS

.....

.....

TRADE LICENSE NO

(Please Attach a Copy)

COMMERCIAL REGD NO

CHAMBER OF COMMERCE

REGD NO (Please Attach Copy)

NATURE OF BUSINESS

NAME AND ADDRESS OF

SPONSER / LOCAL PARTNER

.....

.....

PLACE/DATE ESTABLISHED

NO OF EMPLOYEES

II. FINANCIAL INFORMATION

PAID UP CAPITAL DHS.....

NET WORTH DHS.....

TURNOVER LAST 3 YEARS DHS.....

III. CREDIT LIMIT REQUESTED

I / We request you to grant me / us Credit Facility as detailed below

AMOUNT DHS.....

PERIOD IN DAYS DHS.....

MODE OF TRANSACTION PDC LPO

(Tick one)

Credit facility and the limit is subject to approval from Management and Finance Department.

AUTHORISED SIGNATORY FOR LPO'S (Please attach Separate list if List is more)

NAME

DESIGNATION

SIGNATURE

IV. REFERENCES

A) BANKERS ADDRESS 1).....
& ACCOUNT NO

2).....
.....

B) TRADE REFERENCE 1).....
(Full Address with Tel Nos)

2).....
.....

UNDERTAKING BY APPLICANT

I / We in consideration of credit account being granted by M/s. Blue Axis Shipping and Freight LLC to us . I We agree to settle your account, as per agreed terms. If I / We fail to settle the account on time Blue Axis and freight LLC will have the right to take necessary action required for amounts unsettled for more than the time allowed to settle the outstanding.

I / We do hereby confirm that the information provided in this application is correct.

AUTHORISED SIGNATORY

NAME

DESIGNATION

SIGNATURE

COMPANY SEAL

| | |
|-------------------------------------|----------|
| <u>For Official Use only</u> | |
| CREDIT AMOUNT SANTIONED | DHS..... |
| CREDIT PERIOD (DAYS) | |
| MODE OF TRANSACTION | |
| NAME &SIGNATURE OF APPROVER | |
| DATE APPROVED | |