



الإمارات للصمامات ش.ذ.م.م
EMIRATES VALVES L.L.C.

Customer Evaluation Application Form (Without Credit Facilities)

Customer Name:

Please Complete this Application Form and send back with supporting documents

Company Information	Company Name			
	Company Address P.O.Box / City / Country	P.O.Box	City	Country
	Location			
	Trade License / Commercial Reg. No.	(Please attach a copy)		
	Date of Issue		Date of Expiry	
	Main Telephone Number		Main Fax Number	
	Email Address		Web Address	
	Sponsor / Proprietor / Partner Details	Name of Sponsor		
Sponsor Address P.O.Box / City / Country		PO Box:	City:	Country:
Occupation				
Proprietor/Partner		Name	Nationality	
(1)				
(2)				
(3)				
(Please attach Passport photocopies)				
Cheque Signatories	Name of Authorised Signatory 1		Nationality	Specimen Signature
	Name of Authorised Signatory 2		Nationality	Specimen Signature
	Name of Authorised Signatory 3		Nationality	Specimen Signature
	(Please attach Power of Attorney where required)			
Purchasing / Accounts Contacts	Purchasing Contact Name			Specimen Signature
	Title		Email Address	
	Limit per LPO if applicable			
	Telephone Number		Fax Number	
	Accounts Contact Name			
	Title		Email Address	
	Telephone Number		Fax Number	
	Invoice Address P.O.Box / City / Country	PO Box:	City:	Country:
Business References	Company Name			
	Company Address P.O.Box / City / Country	PO Box:	City:	Country:
	Telephone Number		Fax Number	
	Email Address		Web Address	
	Company Name			
	Company Address P.O.Box / City / Country	PO Box:	City:	Country:
	Telephone Number		Fax Number	
	Email Address		Web Address	
	Company Name			
	Company Address P.O.Box / City / Country	PO Box:	City:	Country:
	Telephone Number		Fax Number	
	Email Address		Web Address	



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Financial Information	Bank Name		Contact Name	
	Bank Address			
	P.O.Box / City / Country	PO Box:	City:	Country:
	Telephone Number		Fax Number	
	Account Number			
	Bank Name		Contact Name	
	Bank Address			
	P.O.Box / City / Country	PO Box:	City:	Country:
	Telephone Number		Fax Number	
	Account Number			
	Bank Name		Contact Name	
	Bank Address			
P.O.Box / City / Country	PO Box:	City:	Country:	
Telephone Number		Fax Number		
Account Number				
Business Classification	Type of Business	<input type="checkbox"/> Value added reseller <input type="checkbox"/> Retail outlet <input type="checkbox"/> Other (specify):		
	Date business started		Facilities	<input type="checkbox"/> Owned <input type="checkbox"/> Leased
	Expected Annual Turnover (AED)			
	Credit Limit Request (AED)			
	Credit Period Requested (days)			
Check List of documents	<input type="checkbox"/> 1. Trade License <input type="checkbox"/> 5. Copy of Power of Attorney of the Manager or MOA in case of LLC companies.			
	<input type="checkbox"/> 2. Commercial Registration Certificate <input type="checkbox"/> 6. Latest Audited Financial Statements			
	<input type="checkbox"/> 3. Chamber of Commerce Certificate <input type="checkbox"/> 7. Company Profile / Brochure			
	<input type="checkbox"/> 4. Passport photocopies or Emirates ID of T/L holder & all authorised persons per CFAF <input type="checkbox"/> 8. For Non UAE countries, documents required as per the law of the country - BDM to check & decide.			



Credit Facilities Application Form

For Internal Use Only

B/G AMOUNT:

If Yes Value:

If No the Reason:

PROPRITOR: ☐ LOCAL ☐ EXPAT ☐ MULTI NATIONAL ☐ LLC

NUMBER OF EMPLOYEES:

COMMENTS / REMARKS / REFERENCE by CM/BDM

APPROVED LIMIT:

DATE:	CL Increase/ CL Decrease	Reasons:
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Reasons: