

World Avenues S.A.

FINANCIAL INFORMATION FORM

1. Travel Agent: N.U.Y. Travel
Address: 1, AHMED ZEID ST. HELIOPOLIS
Postal Code: _____ City: CAIRO
Country: EGYPT
Telephone: (+202) 264229410 22416880
Email: sales.nuy2edata.net.eg & jo.nuy2edata.net.eg
Registered with the Chamber of Commerce in: _____
Registration / VAT number: _____

2. Name of Authorised Director: Josephine Abdel Nour
Name of the Financial Controller: Josephine Abdel Nour

3. Financial Details:
Bank name: BANK DE CAIRE Account Number: 55/601/2233
Bank address: 20, TALAT HARB ST.
Postal Code: _____ City: CAIRO
Country: EGYPT
Type of Credit Card: _____
Company Credit Card no: _____
Exp. Date: _____

4. Please list two agencies or Hotels that have extended credit to you within the last

Two years:
Name: _____ Since: _____
Address: _____
Postal Code: _____ City: _____
Country: _____
Telephone: _____
Email: _____

Name: _____ Since: _____
Address: _____
Postal Code: _____ City: _____
Country: _____
Telephone: _____
Email: _____

5. I hereby authorize that inquiries may be made on the references listed above. I hereby also authorize additional references, which are decided by World Avenues including credit reporting agencies and others. I agree to hold World Avenues immune from any action arising out of legitimate and proper conduct of the credit investigation.
No reason will be given in the event that credit is not granted.

I understand that invoices are payable upon receipt.

Failure to pay invoices within a reasonable time limit may result in the withdrawal of credit facilities.

I, Josephine Abdel EL Nour, am authorized to obligate the organization / company mentioned in item 1 to pay any or all charges properly incurred in the hotel.

I certify that the above statement and information on this document are true and correct.

Name: Josephine Abdel EL Nour
Position: President S.G.M.
Date: 27 of 2011

Signature: Josephine

TRAVEL AGENT STAMP:

