



## 2. Information about the nature of your business

a Please tick in the box which best describes your business:

Manufacturer                       Wholesaler                       Retailer                       Other

b Description of goods sold or services rendered

c Type/s of buyer/s sold to (e.g. government, manufacturer, wholesaler, retailer, associated companies)

## SECTION B: INFORMATION FOR PRE-SHIPMENT COVER

### 1. Information on previous or current credit insurance

a Do you currently have any credit insurance                      Yes                       No

If yes, state insurer's name

b Have you previously had credit insurance ?                      Yes                       No

If yes, state insurer's name

### 2. Information about the export credit insurance cover you require

a Please mark below the insurance cover you would like to apply for:

- Cover for all exports  
 Cover for exports to the following countries only:

b Please mark below the type of insurance cover you would like to apply for:

- Loss due to importation and conflict risks. (Political)  
 Loss due to political risks and insolvency of a debtor.

If insolvency cover is required, please supply information regarding the debtors you wish to insure, on the **Credit Limit Application** form provided. (Annexure A)

c If shipment of the goods can not take place:

- the resale possibility of the goods to another buyer are    Good     Mediocre     Poor
- the approximate resale value of the goods is                      % of the original contract price.



**4. Bad debt history**

Please complete the table below with details on your company's pre-shipment losses during the past 3 years.

	<b>Country</b>	<b>Buyer</b>	<b>Value</b>	<b>Provision</b>	<b>Reason</b>
<b>Year One 20</b>					
<b>Year Two 20</b>					
<b>Year Three 20</b>					

## SECTION C : DECLARATIONS

### 1. Nomination of brokers

We wish to nominate the following credit insurance broker to act on our behalf in connection with this application or any policy resulting from it:

Name and address of broker

### 2. Your company's declaration

- a** We certify that the representations made and the facts stated herein are true and correct and that we have not misrepresented or omitted any material fact which might have a bearing upon a policy which may be issued and we agree that such representations and facts shall form the basis of, and be incorporated in, such policy and that the truth of such representations and facts and due performance of each and every undertaking contained herein or in such policy shall be a condition precedent to any liability of yourselves thereunder.
- b** We agree that no statement or representation made will be binding on Credit Guarantee unless confirmed in writing.
- c** We acknowledge that we have received, have read and do understand the Statutory Notice to Short-term Insurance Policyholders.

### 4. Signatures

Applicant's name

Applicant's designation

Authorised for and on behalf of (company name)

Date

**TO: Credit Guarantee**  
 Tel no +27 (11) 889 7000  
 Unit .....

**Unique number (CGIC use).....**  
**Unit fax no .....**

**POLICYHOLDER DETAILS:**

Company name  
 Policy number  
 E-mail address  
 Fax no  
 Reference no

**INFORMATION ABOUT THE BUYER:**

*In order to expedite the consideration of the limit, please provide comprehensive information.  
 When applying for a limit on a new buyer, attach a copy the buyer's credit application form.*

Credit Guarantee file number (if known)  
 Legal entity

Registration number

Trade name/style

Full address  
 Postal code

Telephone number  
 Bank  
 Acc no  
 Fax number  
 Branch

Terms of payment  Days CAD  LC  Bills   
 Trading experience Good  Bad  None

Cover is available in the following currencies. Please indicate which currency is required.  
**ZAR**  **USD**  **GBP**  **Euro**

Value of limit required

Existing annexure no Amount

Outstanding balance , of which is days past due date.

Value of orders on hand Shipment period

Is security held? Yes  No  If yes, specify:

Goods delivered under limit of discretion? Yes  No

If yes, please submit supporting documentation with your application.

Remarks

We know of no adverse information other than that disclosed in this form, which might influence Credit Guarantee's decision.  
 You **may /may not** contact the buyer directly, thereby referring to our company, if you are unable to obtain sufficient information through your sources.

**Name**  
**Date**