

SECTION B: INFORMATION FOR DOMESTIC CREDIT INSURANCE

1. Previous or current credit insurance

Name of insurer	Financial Year	Claims paid
	20	
	20	
	20	

2. Information about the domestic credit insurance cover you require

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

- a All debtor accounts
- b Only debtor accounts who owe more than R
- c Include / exclude debtors outside South Africa (e.g. Namibia, Swaziland, Lesotho)
- d Include / exclude all debtors in Botswana
- e Cover with the following special requirements:

3. Company turnover

a Turnover for your last three full financial years:

Please complete the table below with your company's turnover for your last three full financial years, with relative bad debt losses for each of those years:

Financial year ending (month & year)	20	20	20
Turnover	R	R	R
Provision for bad debts each year	R	R	R
Number of bad debts written off each year			
Actual value of bad debts written off each year	R	R	R
Amount of largest single loss incurred and name of the account	R	R	R

b What percentage of annual turnover is concluded with sales to the following:

Government departments %

Cash sales %

Export sales %

Inter-company sales %

c Turnover for your current financial year:

Please complete the table below with your company's turnover for your current financial year, with actual or estimated bad debt losses:

Number of months since the start of your current financial year:	months
Total turnover since the start of the current financial year:	R
Estimated turnover for this entire year:	R
Actual or estimated bad debt losses for the year to date:	R
Bad debt provision for current financial year:	R
Average collection period of your debtors' book (average days outstanding)	days

4. Credit control

- a** What are your normal payment terms?
- b** What are your maximum payment terms?
- c** Where terms of payment are less than 30 days please provide the following information:
 - 0 – 7 days % of book
 - 14 days % of book
 - 21 days % of book
 - 31 days % of book
- d** Who is responsible for **increasing** or **approving** credit limits? (e g managing director, financial director, sales director)

Responsible person	Increases or approves to a value of
	R
	R

e Please tick the appropriate boxes below to indicate which of the following information you obtain to set credit limits

- | | | | |
|------------------------------|-----------------------------|--|----------|
| Bank reports | <input type="checkbox"/> NO | <input type="checkbox"/> Yes at a level of | R |
| Trade references | <input type="checkbox"/> NO | <input type="checkbox"/> Yes at a level of | R |
| Financial statements | <input type="checkbox"/> NO | <input type="checkbox"/> Yes at a level of | R |
| Credit bureau status reports | <input type="checkbox"/> NO | <input type="checkbox"/> Yes at a level of | R |

f If you have direct online information from credit bureau , please answer the following questions:

- Which credit bureau do you use for the information?
- How often do you update this information?
- Who visits customers for credit assessments?
- How often does this person visit the customers?

g Tick which of the following action/s your company normally takes when a customer is overdue, and when each action is taken:

- Stop all further supplies days past due date

Take recovery or collection action

days past due date

Take legal action

days past due date

5. Financial statements, debtors' schedule and credit application form

- a** Please provide a copy of your company's latest debtors age analysis Done
(Electronic copy in MS Excel is preferred)
- b** Please enclose a copy of your company's latest financial statements Done
- c** Please enclose a copy of your credit application form Done
- d** Please provide a maximum of 10 debtors on whom you wish Credit Guarantee to provide Done
limit indications. (Complete section on next page)

SECTION C: DECLARATION

1. Your company's declaration

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.

Applicant's name

Applicant's designation

Authorised for and on behalf of (company name)

Date

Addendum 5d:**Credit limit indication required.**

Registered name of debtor & trade style	Full physical address	Registration number	Banking details	Credit limit required	Amount currently outstanding	Terms of payment
				R	R	
				R	R	
				R	R	
				R	R	
				R	R	
				R	R	
				R	R	
				R	R	
				R	R	
				R	R	