

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

Unique number (CGIC use)

Day 1	Day 2	Day 3	Normal
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POLICYHOLDER DETAILS:

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

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 relevant buyer's credit application form.*

Credit Guarantee file number (if known)
 Legal entity
 Trade name/style
 Registration number
 Full address Postal code:
 Telephone number Fax number
 Bank Acc no Branch
 Terms of payment

Days

 Trading experience

Good	Average	Poor	None
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 Value of limit required Existing annexure no Amount
 Outstanding balance: of which , Is days past due date.
 (refer proviso 7 "Automatic suspension of cover")
 Value of orders on hand Shipment/delivery period
 Is security held ? If yes specify:
 Goods delivered under limit of discretion?

Yes	No
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 If yes, please submit supporting documentation with your application.
 Written bank report R Dated

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
 Signed Date
