



**CREDIT
GUARANTEE**

Accredited financial services
provider no 17691

Credit limit application Export policy

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

Unique number (CGIC use)

Unit fax no

POLICYHOLDER DETAILS:

Company name

Policy number

Fax no

E-mail address

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 ()

Fax number ()

Bank

Acc no

Branch

Terms of payment

Days	CAD	LC	Bills
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trading experience

Good	Bad	None
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cover is available in the following currencies. Please indicate which currency is required.

ZAR.	USD.	GBP.	Euro.
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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
<input type="checkbox"/>	<input type="checkbox"/>

If yes, specify:

Goods delivered under limit of discretion?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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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
Signed

Date