



Credit limit application Domestic policy

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 Company Name Reference no

Fax no Fax Number Policy number 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