



Declaration of INSURED TURNOVER for the month of

.....

**To: Credit Guarantee
Unit**

From: TIMBERCITY POTCHEFSTROOM TRUST

Unit fax

Policy no SDC 258742/D6
.....

Ref no

Please insert in the spaces below the gross invoice value of goods sold and delivered during the relevant calendar month to insured buyers split according to the terms of payment.

The following should be **excluded/ deducted** from amounts declared.

1. The gross invoice value of all deliveries made to any government buyers, semi-government agencies, local authorities or subsidiary/associated companies and any buyers specifically excluded in terms of the policy.
2. The gross invoice value of deliveries which are not covered by a valid credit limit.
3. The gross invoice value of deliveries which do not exceed the franchise loss
4. The portion of gross invoice value which represents value added tax

Terms of payment	CGIC use	Insured amount exclusive of VAT										
Where the terms of payment on declared transactions:												
do not exceed days	R											- 00
do not exceed days	R											- 00
do not exceed days	R											- 00
do not exceed days	R											- 00
do not exceed days	R											- 00
do not exceed days	R											- 00
do not exceed days	R											- 00

Completed by:

E-mail

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Signature/name

.....

Date

.....

