

# Application for EXPORT POST-SHIPMENT credit insurance

**Consultant:** .....

This application carries no obligation and will be treated in the strictest confidence

## SECTION A: GENERAL INFORMATION

### 1. Information about your company

- a** Registered company name .....
- b** Trading name .....
- c** Company registration number .....
- d** VAT number .....
- e** Date trading commenced .....
- f** Titles, first names and surnames of directors, partners, members, proprietor  
.....  
.....  
Postal address ..... Postal code .....
- h** Physical address ..... Postal code .....
- i** Telephone number (.....)..... Fax number (.....).....
- j** E-mail address .....
- k** Bankers, branch and account number .....
- l** Name and designation of contact person in respect of this application  
.....
- m** Operational contact (person who will administer policy, if one is issued)  
.....
- n** Cell number of contact person in respect of this application  
.....
- o** Title, first name and surname of managing director  
.....
- p** Title, first name and surname of financial director  
.....
- q** Please enclose a copy of your company's latest financial statements

**2. Information about the nature of your business**

- a** Please tick in the box which best describes your business:  
 Manufacturer       Wholesaler       Retailer       Other
- b** Description of goods sold or services rendered .....
- .....
- c** Type/s of buyer/s sold to (e.g. government, manufacturer, wholesaler, retailer, associated companies)  
 .....
- .....

**SECTION B: INFORMATION FOR POST-SHIPMENT COVER**

**1. Information on previous or current credit insurance**

Name of insurer	Financial Year	Claims paid
	20.....	
	20.....	
	20.....	

**2. Information about the export credit insurance cover you require**

- Please mark below the insurance cover you would like to apply for:
- a**  Cover for all exports
- b**  Cover for exports to the following countries only: .....
- .....
- c**  Include/exclude cover for transactions for which payment is to be made against presentation of shipping documents under irrevocable letter of credit, opened by a foreign bank and not confirmed in South Africa.
- d** Specify any special requirements.  
 .....
- .....



**4. Information about your company's debtors**

Please provide details of a maximum of five debtors on whom you wish Credit Guarantee to provide indications:

Registered name of debtor & trade style	Full physical address	Banking details	Credit limit required	Orders on hand	Overdues	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	

**5. Bad debt history**

Please provide details of your company's export bad debt losses during the last 3 years.

Year	Country	Buyer	Value	Reason

**SECTION C : DECLARATION**

**1. Nomination of brokers**

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, read and understood the Disclosure Notice to Short-term Insurance Policyholders.

Applicant's signature .....

Applicant's designation .....

Authorised for and on behalf of (company name) .....

Signed at ..... this ..... day of ..... (month) .....(year).