

Application for SMALL MEDIUM ENTERPRISE COVER

Consultant: _____

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

A: GENERAL INFORMATION

Registered company name: _____

Trading name: _____ VAT No: _____

Commencement date: _____ Registration No: _____

Telephone No: _____ Fax No: _____ Cell No: _____

Email address: _____

Physical address: _____

Postal address: _____

Bankers: _____ Account No: _____ Branch: _____

Titles, first names and surnames of directors, members, partners, proprietor:

Name and designation of contact person who will administrate the policy:

Email address: _____ Cell No: _____

Name and designation of contact person in respect of this application:

Email address: _____ Cell No: _____

Description of goods sold or services:

Manufacturer Wholesaler Retailer Other

Types of debtor/s sold to (government, manufacturer, wholesaler, retailer, associated companies etc.)

Additional subsidiary or associated companies to be insured:

Name: _____ Registration No: _____

Name: _____ Registration No: _____

B: INFORMATION FOR DOMESTIC TRADE CREDIT INSURANCE

Estimated turnover for current financial year: R _____

Number of months since start of current financial year : _____

	Year to date	/20__ (Last financial year)	/20__ (Previous financial year)
Turnover	R	R	R
Gross losses	R	R	R
Recoveries	R	R	R
Largest loss	R	R	R

Average collection period: _____

Name of individual largest loss: _____

Normal terms of payment: _____ Maximum terms granted: _____

Where terms of payment are less than 30 days, please stipulate:

Are there any specific terms that differ from your normal terms? If so please give details:

Do you currently have any trade credit insurance? YES/NO

If yes, please specify:

Name of insurer : _____ Since when: _____

Please provide a copy of the following documentation:

- Latest debtors age analysis (*Electronic copy in MS Excel is preferred*)
- Copy of your company's latest financial statements
- Provide a maximum of 10 debtors on whom you wish Credit Guarantee to provide limit indications.
(Complete section on last page)

DECLARATION:

Nomination of brokers:

We wish to nominate the following trade credit insurance broker to act on our behalf in connection with this application or any policy resulting from it:

Name and address of broker:

Your company's declaration

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.

We agree that no statement or representation made will be binding on Credit Guarantee unless confirmed in writing.

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: _____ Date: _____

Top ten debtors on whom you would like us to indicate availability of cover:

Registered name of debtor & trade style	Full physical address	Registration number	Banking details	Credit limit required	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	