

1. ABOUT YOU

Company name(s) to be insured	Their Registered Numbers
Your Company's Address	Your Telephone Number
	Your Fax Number
	Your e-mail Address
	Your Website Address
Your Parent Company	Contact Name and Position

2. ABOUT YOUR BUSINESS

What goods and/or services do you provide?	
To what types of Buyers do you sell? e.g. Retail, Distributors	
Does your business have any special features? e.g. Seasonal, Consignment Stock, Work-in-Progress	
Do you sell through your own or any other Website? If so, give details	
Do you issue Bank or Surety Guarantees or Bonds? If so, give details	
Do you hold Retention of Title rights? If so, give details	

3. YOUR USE OF CREDIT INSURANCE

Do you currently use Credit Insurance? If so, give details	
Have you ever been refused Credit Insurance for any reason? If so, give details	
Do you currently use the Services of a Broker? If so, give details	

4. THE CURRENCY YOU HAVE USED TO COMPLETE THIS QUESTIONNAIRE

--

5. YOUR CREDIT MANAGEMENT SYSTEM

Who is responsible for your Credit Management system? Please show Name and Job Title				
From what sources do you obtain information when setting up a new account?	Bank	Yes/No	Up to what value?	
	Status Agency	Yes/No	Up to what value?	
	Balance Sheets	Yes/No	Up to what value?	
	Trade reference	Yes/No	Up to what value?	
Give the names of the Status Agency(ies) you use				
How often do you renew your information? Every... Months				
What is the chain of command for <u>approving or increasing</u> Credit Limits?	Name	Position	Up to what value?	
What is the chain of command for <u>reducing or withdrawing</u> Credit Limits?	Name	Position	Up to what value?	
Do you visit your customers?	How often?		Who visits?	
Yes/No				
Trade is suspended when an account is days overdue	
Collection action begins when an account is days overdue	
Legal action is taken when an account is days overdue	

6. FACTS AND FIGURES ABOUT THE BUSINESS TO BE INSURED

Details of your Turnover

What is your estimate of turnover to be insured over the next 12 months?				
	Current Year to date	Last Year – can be based on your Financial Year	Previous Year – can be based on your Financial Year	Previous Year – can be based on your Financial Year
Date of Figures				
Turnover				
Sales to <u>Local</u> Associates				
Sales to <u>Overseas</u> Associates				
Sales to <u>Local</u> Public Sector Buyers				

The Payment Terms you grant

Normal Payment Terms					
Sales on ...	Value	%	Sales on ...	Value	%
CILC Terms			45 – 90 Days Terms		
CAD Terms			90 – 180 Days Terms		
1 – 45 Days Terms			TOTAL VALUE		

Your Debtor Balances

At last 31 st March	At last 30 th June	At last 30 th September	At last 31 st December

Your Debtor Aged Analysis

	As at:			Amount	%
	Amount	%			
Current, not yet due			61 – 90 Days		
1 – 30 Days			Over 90 Days		
31 – 60 Days			TOTALS		

Analysis of your Sales Ledger

Range	As at:			%
	Amount	%	Number	
Over 1,000,000				
500,001 – 1,000,000				
250,001 - 500,000				
100,001 – 250,000				
50,001 – 100,000				
25,001 – 50,000				
10,001 - 25,000				
5,001 – 10,000				
Under 5,000				
TOTAL				

7. Details of your Largest Losses

Year	Amount of Loss	Buyer's Name	Buyer's Country
Current			
Last			
Previous			
Previous			

8. Details of your Losses

Year	Total amount	Number of losses
Current		
Last		
Previous		
Previous		

9. Details of any Major Accounts that are Currently Overdue

Name	Country	Amount	Due Date	Current Position

Continue on a Separate sheet if necessary

10. Your Declaration and Signature

A.	We confirm that, to the best of our knowledge and belief, the information given in this Questionnaire is correct.
B.	We have never been refused Credit Insurance on this or any other risk. [If you cannot sign this Declaration, please provide full details of any such refusal]
C.	We are not aware of any other reason why an Insurer should refuse to accept this risk. [If you cannot sign this Declaration, please provide full details of any such refusal]
D.	We are aware that we have a responsibility, at all times, to advise Insurers of any material fact likely to affect the risks (to be) insured.

Signature	Name	Date

11. Breakdown of your Estimate of Turnover for the next 12 months
Please duplicate this page if needed

	Country	Turnover	Number of Buyers	Most commonly used Terms of Payment
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				

TOTALS (or carried forward)		
-----------------------------	--	--

FINAL TOTALS		
--------------	--	--

12. Your Major Buyers

1	Name and Address	Registered Number	Maximum Credit Limit needed	Annual Turnover
	Normal Terms of Payment			

2	Name and Address	Registered Number	Maximum Credit Limit needed	Annual Turnover
	Normal Terms of Payment			

3	Name and Address	Registered Number	Maximum Credit Limit needed	Annual Turnover
	Normal Terms of Payment			

4	Name and Address	Registered Number	Maximum Credit Limit needed	Annual Turnover
	Normal Terms of Payment			

5	Name and Address	Registered Number	Maximum Credit Limit needed	Annual Turnover
	Normal Terms of Payment			

6	Name and Address	Registered Number	Maximum Credit Limit needed	Annual Turnover
	Normal Terms of Payment			

12. Your Major Buyers (continued)

7	Name and Address	Registered Number	Maximum Credit Limit needed	Annual Turnover
	Normal Terms of Payment			

8	Name and Address	Registered Number	Maximum Credit Limit needed	Annual Turnover
	Normal Terms of Payment			

9	Name and Address	Registered Number	Maximum Credit Limit needed	Annual Turnover
	Normal Terms of Payment			

10	Name and Address	Registered Number	Maximum Credit Limit needed	Annual Turnover
	Normal Terms of Payment			

11	Name and Address	Registered Number	Maximum Credit Limit needed	Annual Turnover
	Normal Terms of Payment			

12	Name and Address	Registered Number	Maximum Credit Limit needed	Annual Turnover
	Normal Terms of Payment			