

1. General Information			
Company name:			
Registered address:			
Administrative address:			
Contact name:			
Company Registration number:		VAT number:	
Telephone number:		Fax number:	
E-mail:		Website:	
If applicable please give the name, address and company registration number of your parent company:			
Are you currently credit insured?	<input type="checkbox"/> Yes - <input type="checkbox"/> No		
If yes, please give the name of your insurer and policy expiry date:			
Do you use a broker?	<input type="checkbox"/> Yes - <input type="checkbox"/> No		
If yes, please give the name of your broking house and contact:			
Are you currently factoring your invoices?	<input type="checkbox"/> Yes - <input type="checkbox"/> No		
If yes, please give the name:			
2. Nature of Applicant's business			
Detailed description of business:			
Specify the economic sector of your customers by percentage per sector			
Customers' economic sector	Percentage	Customers' economic sector	Percentage
Specify the kind of customers			
	Percentage		Percentage
Manufacturers:		Intercompany:	
Wholesalers:		Private debtors:	
Service providers:		Others:	
Public debtors:		Others:	
3. Turnover per country to be insured			
(excl. intercompany, public, cash & L/C transactions, private debtors)			
Please state the currency used to fill in this questionnaire:			
3.1. Annual Insurable Turnover of the past 2 years			
Year	Insurable Turnover		
Current Year (estimate)			
Year-1			
Year-2			

8. To be filled by the insurer

Credendo / Signature and Company Seal

9. Attachments

- Latest annual report
- Recent ageing balance
- Excel list of losses and overdue accounts (see 5)
- Excel list of current limits with requested and valid credit limits (see 6)
- Credit management manual
- Copy of first line insurance contract

10. Declaration

The communication of customer names and / or credit limits fixed by the Insured in this questionnaire or in an attachment, immaterial whether they are reported at the beginning or after the start of the policy does not imply any cover on the specific customer. Condition of cover within this policy is only a credit limit granted by the Insured based on the solvency of the debtor and in application of the Credit Management Procedures which are part of the policy and as described in this questionnaire. The information given above is complete and correct. We declare that to the best of our knowledge, all information supplied above is correct. We are not aware of any information that has not been disclosed which may influence the acceptance of the risk.

Company Name or Company Seal

Signature

Name:

Title:

Date: