

**SECTION A: GENERAL INFORMATION**

**1. Information about your company**

Registered name		
Trading name		
Registration number		
VAT number		
Date trading commenced		
Details of Directors, Members, Partners, Proprietor		
Title	First Name	Surname
Postal address		
Physical address		
Telephone number		
Fax number		
Email address		
Bank name, branch		
Bank account number		

Details of the contact person in respect of this application		
Title	First Name	Surname
Details of the operational contact person who will administer the policy if one is issued		
Title	First Name	Surname
Details of Managing Director		
Title	First Name	Surname
Details of Financial Director		
Title	First Name	Surname

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

Nature of business
Description of goods sold and/or services rendered
Types of buyers involved (e.g. government, local municipalities, manufacturers, wholesalers, retailers, associated companies and inter-companies)

**SECTION B: INFORMATION FOR DOMESTIC CREDIT INSURANCE**

**1. Previous or current credit insurance**

Name of Insurer	Financial year	Claims paid
	20	R
	20	R
	20	R

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

Mark below the insurance cover you would like to apply for:

All debtor accounts	
Only debtor accounts who owe more than: R	
Include debtors outside SA (Botswana, Lesotho, Namibia and Swaziland)	
Exclude debtors outside SA (Botswana, Lesotho, Namibia and Swaziland)	
As discussed with Edge Risk Partners (Pty) Ltd	

**3. Company turnover**

**a. Turnover for your last three full financial years**

Complete the table below with your company's turnover for your last three full financial years, with relative bad debt losses for each of those years

Financial year end (month/year)	/20	/20	/20
Turnover			
Provision for bad debts			
Number of bad debts written off			
Actual value of bad debts written off			
R value of largest single loss incurred			
Name of the account			

**b. What percentage of annual turnover is concluded with sales to the following**

Government departments	%	Export Sales	%
Intercompany sales	%	Cash sales	%

**c. Turnover for your current financial year**

Complete the table below with your company's turnover for your current financial year, with actual or estimated bad debt losses

Number of months since the start of your current financial year	
Total turnover since the start of the current financial year	R
Estimated turnover for this entire year	R
Actual bad debt losses for the year to date	R
Bad debt provision for current financial year	R
Average collection period (average days outstanding)	R

**4. Credit Control**

- a. What are your normal payment terms? \_\_\_\_\_
- b. What are your maximum payment terms? \_\_\_\_\_

c. Where terms of payment are less than 30 days please provide the following information

0 - 7 days		% of book
14 days		% of book
21 days		% of book
31+ days		% of book

d. Who is responsible for increasing or approving credit limits?

Responsible Person	Increase/Approves to a value of
	R
	R
	R

e. Tick the appropriate boxes below to indicate which of the following information you obtain to set your credit limits

	No	Yes at a level of R
Bank reports		
Trade references		
Financial statements		
Credit bureau status reports		

f. If you have direct online information from a credit bureau please answer the following questions

Which credit bureau do you use for information?	
How often do you update this information?	
Who visits customers for credit assessments?	
How often does this person visit customers?	

g. Tick which of the following action/s your company normally takes when a customer is overdue, and when each action is taken

Stop all further supplies	days past due date
Take recovery or collection action	days past due date
Take legal action	days past due date

**5. Financial statements, debtors' schedule and credit application form**

The following documents need to be provided

A copy of your company's latest debtor's age analysis	
A copy of your company's latest financial statements	
A copy of your credit application form	
A list of 8 debtors maximum on whom you require limit indications	

**DOMESTIC CREDIT INSURANCE PROPOSAL FORM**

Registered company name, Registration number	Physical address	Bank name, branch, account number	Credit limit required	Terms of payment
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

## SECTION C: DECLARATION

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### 1. Appointment of broker

We wish to appoint **Edge Risk Partners (Pty) Ltd** to act on our behalf in connection with this application and/or any policy resulting from it

### 2. 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 facts which might have a bearing upon a policy which may be issued and that we agree that such representation and facts shall form the basis of, and be incorporated in, such policy and that the truth of such representation and facts and due performance of each and every undertaking contained herein or in such policy shall be condition precedent to any liability of yourselves thereunder.

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

We acknowledge that we have received, have read and do understand the statutory notice to short term insurance.

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Applicant's signature

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Applicant's name

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Applicant's designation

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Authorised for and on behalf of

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_