

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 EXPORT 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 export credit insurance cover you require

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

Cover for all exports	
Cover for exports to the following countries only:	
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	
As discussed with Edge Risk Partners (Pty) Ltd	

3. Company turnover

Complete the table below with details of your company's total export turnover achieved with all markets, during the last 3 years and, your total expected export turnover to each of the countries in the next 12 months during which the proposed policy is to apply:

Countries of Destination	Total turnover for the last 3 years in Rands			Anticipated turnover for next 12 months in Rands	Currency Involved	Terms of Payment	
	20	20	20			NORMAL	MAX

Complete the table below with details of specific export turnover:

Export turnover	Total turnover during last 12 months	Estimated turnover for next 12 months
Associated or subsidiary companies (10% shareholding or more)		
Government buyers		
Letters of credit confirmed by a bank in South Africa		
Letters of credit not confirmed by a bank in South Africa		

4. Information about your company's debtors

Provide details of a maximum of 5 debtors on whom you wish limit indications

DEBTOR 1	
Registered company name, Trade style	
Physical address	
Bank name, branch, account number	
Credit limit required	
Terms of payment	
Amounts currently outstanding	

DEBTOR 2	
Registered company name, Trade style	
Physical address	
Bank name, branch, account number	
Credit limit required	
Terms of payment	
Amounts currently outstanding	

DEBTOR 3 Registered company name, Trade style	
Physical address	
Bank name, branch, account number	
Credit limit required	
Terms of payment	
Amounts currently outstanding	

DEBTOR 4 Registered company name, Trade style	
Physical address	
Bank name, branch, account number	
Credit limit required	
Terms of payment	
Amounts currently outstanding	

DEBTOR 5 Registered company name, Trade style	
Physical address	
Bank name, branch, account number	
Credit limit required	
Terms of payment	
Amounts currently outstanding	

5. Bad debt history

Provide details of your company's export bad debt losses during the last 3 years:

Year	Country	Buyer	Value	Reason
20				
20				
20				
20				
20				
20				
20				

SECTION C: DECLARATION

1. Nomination of broker

We wish to nominate **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.

Applicant's signature

Applicant's name

Applicant's designation

Authorised for and on behalf of

Date