



Trader

Whole Turnover Credit Proposal Form

1. INFORMATION ON YOUR COMPANY

Company Contact

Address VAT n°:

..... BRN n°:

..... Tel

Incorporation Date Fax

Shareholders Mobile

..... Email

Main Banker Web Site

Associated company(ies)– Yes/No If yes, please detail below (or continue on a separate page if necessary) :

2. NATURE OF YOUR BUSINESS

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Please enclose your last Financial Report and Accounts together with any brochures / leaflets you feel may be of assistance.

3. ESTIMATED TURNOVER (please exclude inter-company trading, cash sales, VAT & government sales) Annual turnover by country for the forthcoming policy period.

Country	Turnover	Payment Terms	Number of Clients
<i>Mauritius</i>			

TOTAL

4. TRADING RECORD - DOMESTIC

	CURRENT YEAR	CY-1	CY-2	CY-3	CY-4
Financial Year Ending					
Turnover (1)					
Total bad debts (Incl uninsured losses)					
Distribution / Salvages					
Net Bad Debts					
Number of bad debts					
Largest individual Bad Debt					

5. TRADING RECORD - EXPORT

	CURRENT YEAR	CY-1	CY-2	CY-3	CY-4
Financial Year Ending					
Turnover (1)					
Total bad debts (Incl uninsured losses)					
Distribution / Salvages					
Net Bad Debts					
Number of bad debts					
Largest individual Bad Debt					

(1) Turnover: please exclude inter-company trading, cash sales, VAT & government sales

6. DEBTOR ANALYSIS

Debt (maximum outstanding) MUR	Domestic		Export EU / USA		Export other than EU / USA	
	Number of Buyers	Total Outstanding	Number of Buyers	Total Outstanding	Number of Buyers	Total Outstanding
Up to 50,000						
50,001 - 100,000						
100,001 - 250,000						
250,001 - 500,000						
500,001 - 1,000,000						
1,000,001 - 2,500,000						
2,500,001 - 5,000,000						
5,000,001 - 10,000,000						
10,000,000 and over						
TOTAL						

7. PREVIOUS CREDIT INSURANCE

Have you previously had Credit Insurance YES/NO

Insurer : Policy expiry date :

	CURRENT YEAR	CY-1	CY-2	CY-3	CY-4
Financial Year Ending					
Net claims after excesses and uninsured proportions					
Number of claims					
If policy contained aggregate deductible state amount.					

8. DETAILS OF MAIN BUYERS

Please indicate the credit limit you are likely to require. Please note that this is not a request for the credit limit itself which is made by separate application when the insurance policy terms are agreed.

Name of buyer	Country	Address or Business Registration No.	Credit limit MUR	Payment Terms	Estimated Annual Turnover MUR

9. CREDIT MANAGEMENT

Do you have a written Credit Procedures Manual? Yes No If yes, please provide a copy.

Do you obtain Trade References? Yes No Number used

Do you obtain Bank Reports? Yes No

Do you base limits on previous experience? Yes No

Who is responsible for compliance with the Credit procedures?

Name Position

Are the following procedures used for overdue accounts?

Reminder by telephone or fax Yes No How many days after due date is contact made?

Reminder(s) in writing? Yes No How many days after due date are letter(s) sent?

Please provide a **copy of your latest Aged Debtor Trial Balance.**

10. ON STOP PROCEDURES

Payment terms	Number of days after due date for payment you put the account on stop. Please tick adequate box. Shaded boxes are not recommended options.			Other
Up to 30 days	30 <input type="checkbox"/>	60 <input type="checkbox"/>	90 <input checked="" type="checkbox"/>	
Up to 60 days	30 <input checked="" type="checkbox"/>	60 <input type="checkbox"/>	90 <input type="checkbox"/>	
Up to 90 days	30 <input type="checkbox"/>	60 <input type="checkbox"/>	90 <input checked="" type="checkbox"/>	
More than 90 days	30 <input type="checkbox"/>	60 <input checked="" type="checkbox"/>	90 <input checked="" type="checkbox"/>	

11. SPECIAL CONTRACTS

Please indicate if you need any of the following special covers:

Type of contract	Yes/No	% of turnover	Length of time involved
Binding Contracts			
Pre-Delivery Cost			
Consignment Stocks			
Others (attach details)			

12. OVERDUE ACCOUNTS

Please detail those accounts which are seriously overdue or giving cause for concern.

Name of Buyer	Country	Address or Business Registration No.	Total Amount Outstanding	Date of Oldest Invoice

13. DECLARATION

We declare that the information given in this form is to the best of our knowledge and belief correct and we are not aware of any circumstances which we have not disclosed to you which might influence your acceptance of the risk. We further declare that none of the Buyers are subsidiaries or associated companies of ours and that we have no interest directly or indirectly in any of the Buyers.

Authorized Signatory Signature

Position in company Date