

## NEEDS ANALYSIS AND INFORMATION TO PROVIDE A QUOTATION

## Type of proposal requested

Domestic   
  International   
  Domestic and international

## Applicant information

Contract name: \_\_\_\_\_

Registered address: \_\_\_\_\_

\_\_\_\_\_ Country: \_\_\_\_\_

Business address (if different): \_\_\_\_\_

\_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Reg. #: \_\_\_\_\_ VAT #: \_\_\_\_\_

Contact name: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_

Extension to affiliates: \_\_\_\_\_ Reg #: \_\_\_\_\_

## Nature of business

Type of insurable goods / services: \_\_\_\_\_

Manufacturer   
  Merchant   
  Service provider

Credit Manager:  Yes  No

Credit terms:  Normal terms   
 Maximum terms   
 Other

DSO (Days Sales Outstanding): \_\_\_\_\_

Note : Data «credit period generally granted» and «DSO» are essential for determining the credit period which shall be specified in your contract.

## Type of business

Industrial   
 Distributors   
 Retailers   
 Subsidiaries / affiliates   
 Other

## Needs and objectives

Are you currently insured?  Yes  No      If yes, with whom? \_\_\_\_\_

How many active debtors do you have? \_\_\_\_\_

Are there any exclusions that you require, or other information that may assist us when quoting? \_\_\_\_\_

What credit vetting procedures are in place? \_\_\_\_\_

Have you recently reviewed your credit application?  Yes  No

## TradeLiner

TradeLiner: a comprehensive and customized credit insurance solution

- Choose from an extensive range of options and services to enhance your cover and build the credit insurance solution that works for you.

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b>Pre-shipment cover</b><br>To cover manufacturing costs when the buyer become insolvent before delivery.   |
| <input type="checkbox"/> | <b>Advance payment to suppliers cover</b><br>To cover the non-reimbursement of advance payments made to a supplier. Up to 40% of the sales contract value. |
| <input type="checkbox"/> | <b>Consignment stock cover</b><br>Cover on trading agreement in which a seller sends goods to a buyer, who pays the seller only when goods are sold.       |
| <input type="checkbox"/> | <b>Aggregate first loss cover</b><br>Protection of the balance sheet providing cover only for exceptional losses.  |
| <input type="checkbox"/> | <b>Political Event cover</b><br>To cover non-payment due to changes in a country's political structure, war, currency transfer restriction...              |
| <input type="checkbox"/> | <b>Natural Disaster cover</b><br>To cover non-payment due to a natural disaster - hurricane, floods, earthquake etc.                                       |
| <input type="checkbox"/> | <b>Disputed Debt cover</b><br>To advance indemnification and assist with the management of disputed debts.   |
| <input type="checkbox"/> | <b>Binding / pending orders cover</b><br>To extend cover for orders to be delivered after a reduction or cancellation of the buyer coverage.               |

## DOMESTIC / EXPORT

To fill in this document, you can use the currency of your choice. Unless otherwise specified by you, the currency will be used for the management of your contract will be in South African Rands. The amounts entered are exclusive of taxes.

### Total Turnover

Currency

| Country   | Projected Turnover | Turnover                   |                            |                            |
|---|--------------------|----------------------------|----------------------------|----------------------------|
|   |                    | Total Turnover<br>Year n-1 | Total Turnover<br>Year n-2 | Total Turnover<br>Year n-3 |
| Domestic<br>(SA, Lesotho, Botswana, Swaziland, Namibia) |                    |                            |                            |                            |
|   |                    |                            |                            |                            |
|   |                    |                            |                            |                            |
|   |                    |                            |                            |                            |
|   |                    |                            |                            |                            |
|   |                    |                            |                            |                            |
|   |                    |                            |                            |                            |
|   |                    |                            |                            |                            |

### Analysis of losses

| Bad debts | Year n-3 | Year n-2 | Year n-1 | Current Year |
|-----------|----------|----------|----------|--------------|
|           | 20__     | 20__     | 20__     | 20__         |
| Bad debts |          |          |          |              |
| Number    |          |          |          |              |



## Client declaration, data protection and signatures

We hereby declare and acknowledge as follows:

1. The Coface representative has presented me with his/her letter of authority, thereby satisfying us he/she is qualified to give advice on the credit product we have selected.
2. We have read and understood the contents of this document.
3. We have received a product brochure and have been made fully aware of the related features, benefits, terms and conditions for this product.
4. We have not been asked to sign any blank or incomplete application forms.
5. I declare that to the best of my knowledge and belief, the above statements are true and complete, and that no information has been withheld that might influence the acceptance of this application.
6. I undertake to notify Coface South Africa immediately, and before Coface South Africa issues an insurance contract, of any substantial change in the above information (particularly in the nature or scope of the activities or legal status of the Company) plus all material facts which might influence Coface South Africa in deciding whether or not to accept the risk, what the terms should be or what the premiums to charge or any event likely to lead to a loss which would be covered by the insurance contract.
7. I understand that any misrepresentation or withholding of material information could give Coface South Africa the right to decline a claim or cancel the insurance contract.
8. I agree that this application shall be the basis of the contract with Coface South Africa, accept the terms and conditions within the contract and accept that this application will form part of any insurance contract that is issued.
9. I accept that the insurance will not be in force unless, and until confirmed in writing by Coface South Africa.
10. Coface South Africa Insurance Company Limited is an Otherwise Financial Services Provider - (FSP 44160)
11. The data you provide in this questionnaire will be used to manage your application and, as the case may be, for the management of this contract. This data may be transferred for these purposes to Coface, its affiliates or CreditAlliance partners.
12. You will be entitled to ask us for information about your personal data, the purpose of their processing and the recipients or categories of recipients. You will have the right to ask for the modification, erasure or blocking of data which is inaccurate or incomplete or to object to their processing on compelling and legitimate grounds, by contacting our service in charge of personal data protection at the following email address: [info.za@coface.com](mailto:info.za@coface.com)
13. We may use the personal data you provided for marketing reasons, for example to inform you about our new products or those of our affiliates and about any changes to the existing products. Your signature on this questionnaire entails your consent to this use. However, if you do not want us to contact you, please tick the following box:
14. Have you or any of your subsidiary or associated companies ever had a credit insurance policy cancel or renewal refused by an insurer?  Yes  No

If Yes, please give details: \_\_\_\_\_

Please note that you have the right to object to the use of your personal data for marketing reasons and may exercise this right by contacting the service referred to in paragraph 12.

Full Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_

Coface representative \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_

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Coface South Africa Insurance Company Limited is an Authorised Financial Service Provider - FSP 44160