



Credit insurance - renewal form

Coface South Africa will require the following information to formulate renewal terms.

Please return by fax to 011 208 2699 or email to Bella_ramarumo@cofaceza.com.

Client Name: _____
Extended Parties: _____
Contract No: _____
Renewal Date: _____

1. Insurable Turnover (first 9 months, or other period if applicable, of the current contract period):
2. Estimated insurable turnover for next 12 months:
Domestic (SA):
Zone 1 (ex SA):
Zone 2:

Please attach a detailed breakdown of your anticipated turnover for each Zone 1 and Zone 2 Countries. (See attached page 4)

3. Do you offer extended terms of payment to any buyers beyond your current maximum credit period? If so, please specify the extended terms offered and list the buyers involved.

Extended terms offered _____ (Number of days)

*(Please attach a separate sheet if provided space is insufficient)

4. Days Sales Outstanding:

5. Has your Loss Payee changed during your contract with us? If we have not already been advised please provide the name of the institution, address, bank account number including branch code and name of the account holder.

6. Have there been any changes to your credit control procedures since inception of the contract? If so, please advise us of these.



7. Have you had any large uninsured losses? If so, please advise us of these.

<u>Buyer Name:</u>	<u>Country</u>	<u>Value / Currency</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Please advise details of claims submitted or to be submitted.

9. Details of overdue accounts.

10. Do you have any requests for structure changes for the next period of insurance to better suite your needs?

11. Are your expectations currently being met by the product and service delivery? Please specify specific areas of concern.

12. Broker – Nominated Broker to the policy for the renewal period.



Declaration

I confirm that there have been no changes in the nature of our business or the structure of our company other than those already advised to Coface in writing and that the information supplied is complete and accurate to the best of my knowledge.

Signature: _____

Name: _____

Title: _____

Date: ____/____/____

Credit insurance – Key limit form

Coface would like to review any limits where we have been unable to meet the required level of cover.

Please would you provide us with details of those limits you would like us reconsider (maximum of 15) and return this form to us by e-mail to bella_ramarumo@cofaceza.com, or by fax to 011 208 2699.

Client Name: _____

Contract No: _____

Renewal Date: _____

	Debtor Name	Buyer Number / Annexure Number	Limit required
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			



11			
12			
13			
14			
15			

Credit insurance – Turnover breakdown

Client Name: _____

Contract No: _____

Renewal Date: _____

1. Period under review: From: _____ To: _____

2. Total Turnover: _____

Country	Actual insured turnover to date.	Estimated turnover for period under review	Anticipated turnover for the next 12 months
South Africa			