coface SINGAPORE
36 Robinson Road City House #19-01 Singapore 068877
Tel 68278700 - Fax 68278701

## 1 APPLICANT INFORMATION

All information provided should be treated in the strictest confidence

| | | | | | |
|---|---|---|---|---|---|
| Applicant Company Name: | | | | | |
| Address (for all correspondence) | | | | | |
| Postcode | | | | Country | |
| Contact Name | | | | | |
| Job Title | | | | | |
| Do you have an existing credit insurance policy (Y/N) | | - | | Insurer | |
| Company Registration No. | | | | GST No. | |
| Telephone No. | | Fax No. | | Email | |
| Joint Applicants | - | (if yes please ensure the information on all applicants is provided-using a separate sheet if necessary) | | | |

## 2 DESCRIPTION OF BUSINESS

| | |
|---|---|
| Please state currency chosen: | |
| Types of goods / services to be insured: | |
| Please specify whether you are a manufacturer, distributor, agent or merchant? | |
| Special Features of your business (e.g. consignment stock, seasonal sales,...) | |
| Do you hold **Retention of Title?** | |

## 3 TURNOVER

**NOTES** Please note for sections 3 - Turnover Figures should exclude direct sales to associated and subsidiary companies, as well as Government Departments, Public Authorities and Nationalised undertakings except where public buyer default is required.

Please state currency:

| Countries | Credit Sales at of : | Sales by Cash or L/C's at of : | Approx No. of accounts | Usual payment terms per country |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| **TOTAL** | - | | | |

| Financial Year | Open Account Turnover | Sales by Cash or L/C's | Sales to Public entities | Total Sales |
|---|---|---|---|---|
| 2004 | | | | |
| 2005 | | | | |
| 2006 | | | | |
| Forecast current year | | | | |

Do you sell to countries not included above?
(If yes, please state countries, turnover and reason for their exclusion)

Do you have any accounts where you have agreed to terms that differ from your normal terms of payment?
(If yes, please give details)

## 4 CLIENTS ANALYSIS

coface

**NOTES** Please note for sections 4 - Debtor balances should exclude debts towards associated and subsidiary companies, as well as Government Departments, Public Authorities and Nationalised undertakings except where public buyer default is required.

Please state currency:

| Client distribution (max oustandings) | A/R Outstanding at of : | Weight (in %) | Total Number of Clients at of : | Weight (in %) |
|---|---|---|---|---|
| Over 10,000,000 | | | | |
| 5,000,000 - 10,000,000 | | | | |
| 2,500,000 - 5,000,000 | | | | |
| 1,000,000 - 2,500,000 | | | | |
| 750,000 - 1,000,000 | | | | |
| 500,000 - 750,000 | | | | |
| 250,000 - 500,000 | | | | |
| 100,000 - 250,000 | | | | |
| 50,000 - 100,000 | | | | |
| 25,000 - 50,000 | | | | |
| 10,000 - 25,000 | | | | |
| 0 - 10,000 | | | | |
| **TOTAL** | - | | - | |

**Number of new buyers**

## 5 DEBTOR AGED ANALYSIS

As at :

Average DSO (past 12 months) days

| | Amount | % | | Amount | % | | | |
|---|---|---|---|---|---|---|---|---|
| Current - not yet due | | | 61 - 90 days | | | 151 - 180 days | | |
| 1 - 30 days | | | 91 - 120 days | | | TOTAL | 0 | |
| 31 - 60 days | | | 121 - 150 days | | | | | |

## 6 ANALYSIS OF LOSSES

*State true bad debts - not provisions or bad debts written off in that year*

CURRENCY:

In the event of an abnormal loss in any year, an explanation of circumstances must be attached

| Financial Year | Total Turnover | Total losses ($) | Number | Recoveries | Largest Single Loss |
|---|---|---|---|---|---|
| 2004 | | | | | |
| 2005 | | | | | |
| 2006 | | | | | |
| Current Year | | | | | |

| Debtor's Name & Address | Amount Unpaid | Original due date | Reason | Action taken |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

## 7 MAJOR CUSTOMERS

| Full Name | Full Address, Tel & Fax | Estimated Sales | Credit Limit (*) | Overdues (Y/N) |
|---|---|---|---|---|
| | | | | - |
| | | | | - |
| | | | | - |
| | | | | - |
| | | | | - |
| | | | | - |
| | | | | - |
| | | | | - |
| | | | | - |
| | | | | - |

* Credit Limit = maximum amount outstanding with a client at any one time.

## 8 CREDIT MANAGEMENT SNAPSHOT

coface

| | | |
|---|---|---|
| Who is responsible for the Credit Management ? | Name : | |
| | Position : | |
| | Experience | |

a) Are credit limits established on individual customers?

b) On what basis is a specific credit limit established? (financial or otherwise)

| | | | |
|---|---|---|---|
| Credit Information report | | Agency Name: | |
| Bank Reports | | Bank(s): | |
| Financial statements of the client | | | |
| Other Sources used (e.g. trading experience) | | Please state: | |
| Regular personal visits made to the customer? | | Funtion within Co. : | |

c) How often is credit information updated?

d) How often is a credit limit reviewed and on what basis?

e) What information do you use when reviewing the credit limit?

f) How many days after due date do you normally…?

| | No. of days | Who has the authority to take action? |
|---|---|---|
| … stop further supplies | | |
| … take collection action | | |
| … take legal action | | |

## 9 DECLARATION

We, including any joint applicants, declare and warrant that the information given by us on this form and any attachments, is in all respects true and accurate and that we have disclosed to you all information which might influence the Insurer in calculating the premium and accepting the risk.

Our disclosure and warranty does not limit any legal obligation or duty upon us, at common law or otherwise, to disclose to you all material facts and circumstances and to act with utmost good faith at all times. We agree that this proposal shall be accepted as being the basis of the contract between us and will form part of any Policy issued to us.

**Authorised Signature of Applicant(s)**

| | |
|---|---|
| Name of Signatory | Date |
| Position in Company | Signature |

Company Stamp

*(If there is no company stamp, please write "duly authorised to sign for and on behalf of … company name)*

A copy of our most recent financial report and accounts is enclosed