

Needs Analysis and Information to Provide a Quotation



By providing the following details, we request Coface South Africa Insurance Company Limited to provide a quotation.

Once you have completed this form please return to Coface South Africa, 3021 William Nicol Drive, Bryanston. PO Box 71787, Bryanston, 2021
 Tel (+27) 11 244 9444
 Email info.za@coface.com

What assistance and which product offering do you require more information on from Coface?

- Credit Insurance Receivables Management Information

1. CLIENT DETAILS	
1.1 Name of proposed insured: _____ VAT Number: _____	Registration Number: _____
1.2 Name of Co - Insured: _____	Registration Number: _____
1.3 Contact Name: _____ Email Address: _____	Designation: _____ Telephone Number: _____
1.4 Physical Address: _____ _____	Postal Address: _____ _____
1.5 Please indicate whether you would like a quotation on: <input type="checkbox"/> Domestic <input type="checkbox"/> Export <input type="checkbox"/> Both	
1.6 Industry and description of goods sold or services provided: _____	
1.7 With which trade sectors do you trade: (Tick correct option below) <input type="checkbox"/> Government <input type="checkbox"/> Wholesalers <input type="checkbox"/> Retailers <input type="checkbox"/> Other (Please Specify) _____	
1.8 What are your normal terms of payment: (Tick correct option below) <input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days <input type="checkbox"/> 120 Days <input type="checkbox"/> Other	
1.9 What are your maximum terms of payment: (Tick correct option below) <input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days <input type="checkbox"/> 120 Days <input type="checkbox"/> Other	
Please specify other: _____	
1.10 Please indicate whether your terms are from: <input type="checkbox"/> Statement <input type="checkbox"/> Invoice <input type="checkbox"/> Other (Please Specify) _____	
1.11 What is the Average Days Sales Outstanding (DSO)? _____	
1.12 How many days after the goods are delivered or services performed do you issue the invoice? _____	
1.13 Do you have a written credit management policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1.14 When is your financial year end? _____	
1.15 How often and when are credit limits reviewed? _____	
1.16 Who has the authority to establish a credit facility? _____	
1.17 Do you contact customers before the due date to remind them that payment is due? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how many days in advance? _____	
1.18 How many days after the due date do you chase customers for payment? _____	
1.19 At what point do you put an account on 'Stop Supply'? _____	
1.20 Are all departments in your business made aware that an account is on "Stop Supply"? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how? _____	
1.21 When do you involve a third party in the recovery process? _____	
1.22 Who is utilised and what procedures do they follow? _____ _____	

2. TURNOVER AND BAD DEBT ANALYSIS

Note: Insurable turnover figures should exclude cash sales, VAT, sales to associated and subsidiary companies, public authorities and government institutions, per financial year. All amounts should be reflected in the currency in which you trade.

2.1 Domestic and Export Turnover

Country of Trade	Estimated Turnover for next 12 months	Last year ending dd/mm/year _/_/___	Previous year ending dd/mm/year _/_/___	Previous year -1 dd/mm/year _/_/___
South Africa				
Botswana				
Lesotho				
Swaziland				
Namibia				
Other:				

2.4 Bad Debt Breakdown

Please give details of your previous bad debt history per financial year. Amounts are the total amount (excluding VAT) owed to you at the date of insolvency or date you decided to cease collection action. All amounts should be reflected with the currency in which you trade. (This figure should not include credit insurance claims offset against the bad debt.)

Domestic	Current Year to date	Last year ending dd/mm/year _/_/___	Previous year ending dd/mm/year _/_/___	Previous year -1 dd/mm/year _/_/___
Total Bad Debt				
Number of Losses				
Value of Largest Loss				
Export	Current Year to date	Last year ending dd/mm/year _/_/___	Previous year ending dd/mm/year _/_/___	Previous year -1 dd/mm/year _/_/___
Total Bad Debt				
Number of Losses				
Value of Largest Loss				

3. PRINCIPAL CUSTOMERS

Please give the details of your top five debtors:

Full name of Debtor	Full Address (Including Country)	Company Registration Number	Credit Limit Required	Terms

4. NEEDS AND OBJECTIVES

4.1 Are you Currently Insured? Yes No With Whom? _____

4.2 Are you aware of the Cancellation Procedures and Implications? Yes No

4.3 Are you aware that the profit share is subject to contract renewal? Yes No

4.4 Why is your company considering obtaining insurance quotations? _____

4.5 How many active debtors do you have? _____

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

4.7 What credit vetting procedures are in place? _____

4.8 Do you have any specific needs or circumstances Coface needs to consider before you decide on a product? _____

4.9 Have you recently reviewed your credit application? Yes No

4.10 Do you buy information reports? Yes No With Whom? _____

4.11 Do you have an information report contract? Yes No With Whom? _____

5. SUMMARY OF ADVICE

In consultation with the client and based on the information declared above, the following has been recommended in terms of the current Coface Solutions Offering:

The client will complete the proposal request form and send this back with their latest debtors age analysis, terms and conditions of sale and latest audited financials.

Upon receipt of the documents Coface will put together a quote based on the clients specific needs. The policy structure will be communicated to the client once the policy is ready.

6. PLEASE ATTACH THE FOLLOWING DOCUMENTATION TO THIS APPLICATION

The latest month end age - analysis Terms & Condition of Sale Credit Application Form Latest Financials

7. DUAL-USE ITEMS

If you do not sell dual-use goods or services*, please tick the following box:

If you sell dual-use goods or services* for which the applicable laws and regulations require you to have an export authorisation, please confirm that you have obtained such authorisation from the competent authorities by ticking the following box:

* Dual-use goods or services are items or technologies which are normally used for civilian purposes but which may have military applications. Export of dual-use goods or services are subject to specific regulations.

8. BROKER NOMINATION

I do not make use of the services of a broker to manage my credit portfolio and would like to deal directly with Coface

I would like to nominate a broker to manage my insurance policy

Brokerage: _____

9. CLIENT DECLARATION, DATA PROTECTION AND SIGNATURES

We hereby declare and acknowledge as follows:

- 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.
- We have read and understood the contents of this document.
- We have received a product brochure and have been made fully aware of the related features, benefits, terms and conditions for this product.
- We have not been asked to sign any blank or incomplete application forms.
- 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.
- 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.
- 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.
- 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.
- I accept that the insurance will not be in force unless, and until confirmed in writing by Coface South Africa.
- Coface South Africa Insurance Company Limited is an Authorised Financial Services Provider - (FSP 44160)
- 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.
- 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@cofaceza.com or the following phone number 011 208 2500.
- 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:
- 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.

Authorised Signature: _____ Date: _____

Full Name: _____ Position: _____

Name of Coface Representative: _____ Signature: _____

We recommend that you keep a copy of this application form and all other information supplied for the purpose of entering into this agreement.