

SHORT TERM DOMESTIC TRADE CREDIT INSURANCE PROPOSAL FORM

Consultant: [REDACTED]

This application carries no obligation and will be treated in the strictest confidence.

SECTION A: GENERAL INFORMATION

1. Information about the Company

- a) Registered company name [REDACTED]
- b) Trading name [REDACTED]
- c) Company registration number [REDACTED]
- d) Company TIN number [REDACTED]
- e) Date trading commenced [REDACTED]
- f) Titles, first names and surnames of directors, members, partners, proprietor

Title	Surname	First Names
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

- g) Postal address [REDACTED] Code [REDACTED]
- h) Physical Address [REDACTED]
- i) Tel No. [REDACTED] Mobile [REDACTED]
- j) Email address [REDACTED]
- k) Bank Name [REDACTED] Branch Name [REDACTED]
- l) Bank Account Number [REDACTED]
- m) Name and designation of contact person in respect of this application
[REDACTED]
- n) Cell number of the contact person in respect of this application [REDACTED]
- o) Operational contact (person who will administer policy, if one is issued)
[REDACTED]
- p) Please tick in the box which best describes your business:
 Manufacturer
 Wholesaler
 Retailer
 Other
- q) Description of goods sold or services rendered
[REDACTED]

r) Type of debtor/s sold to (government, manufacturer, wholesaler, retailer, associated companies, etc.)

Additional subsidiary or associated companies to be insured

Name TIN NO:

Name TIN NO:

SECTION B: INFORMATION FOR DOMESTIC TRADE CREDIT INSURANCE

Please mark below the insurance cover you would like to apply for:

• All debtors YES NO

• Only debtor accounts who owe more than: TZS

• Anticipated turnover for current financial year: TZS

	Current Financial Year	Past Year 1	Past Year 2
Turnover	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gross losses (TZS)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Recoveries (TZS)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Largest loss (TZS)	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of debtors	<input type="text"/>	<input type="text"/>	<input type="text"/>

Average collection period:

Name of your largest bad debt:

Normal terms of payment: Maximum terms granted:

Where terms of payment are less than 30 days, please stipulate:

Are there any specific terms that differ from your normal terms? If so please give details:

What is your year end?

Does any of your debtors have bank guarantees? YES NO

If yes, indicate on the debtors book the amount (in separate column)

Do you currently have any trade credit insurance? YES NO

If yes, please specify:

Name of insurer: Since when:

Please provide a copy of the following documentation:

- Latest debtors age analysis (Electronic copy in MS Excel is preferred)
- Copy of your company's latest audited financial statements
- Provide a maximum of top 7 debtors on whom you wish UAP Insurance to provide limit indications.

Registered name of debts & trade style	Physical address	TIN No	Amount currently outstanding	Credit Limit required (TZS)	Terms of payment (Days)

SECTION C: DECLARATIONS

1. Nomination of brokers

We wish to nominate the following credit insurance broker to act on our behalf in connection with this application or any policy resulting from it:

Name and address of broker

2. The company's declaration

a) We certify that the representations made and the facts stated herein are true and correct and that we have not misrepresented or omitted any material fact which might have a bearing upon a policy which may be issued and we agree that such representations and facts shall form the basis of, and be incorporated in, such policy and that the truth of such representations and facts and due performance of each and every undertaking contained herein or in such policy shall be a condition precedent to any liability of yourselves thereunder.

b) We agree that no statement or representation made will be binding on the insurers unless confirmed in writing.

3. Signatures

Applicant's name

Applicant's designation

Authorized for and on behalf of (company name)

Date