



Annex (3) Request for Credit Limit

Applicant name:

Contract no.:

Person authorized to complete the insurance procedures:

Title:

Requested Cover:

Commercial & Non-commercial Commercial Only Non-Commercial Only

1. Buyer information:

1.1 Name in Arabic:

1.2 Name in Latin:

1.3 Main address:

P.O. Box: City: Postal code: Country:.....

Tel : Fax : Email:

1.4 Commercial registration no. :

1.5 Banking reference (Name of bank or bank):

Address:

Account no. :

1.6 Branch ⁽¹⁾:

P.O. Box: City: Postal code: Country:.....

Tel : Fax : Email:

2. Credit limit information:

2.1 Average shipment/invoice value:

2.2 Credit period allowed to the buyer:

2.3 Number of shipments/invoices during the credit period:

2.4 Credit limit requested⁽²⁾:

2.5 Payment guarantee: P/N B/E IL/C Other (specify):

(1) If exporting to a branch based outside the buyer's country.

(2) Credit limit requested = Average shipment/invoice value x Number of shipments/invoice during the credit period

3. Relationship between applicant & buyer:

Please attach copies of documentation in the case of partnership or joint management:

 Trade Joint management Partnership**4. Previous experience during the past 3 years:**4.1 Value of exports/domestic sales up to application date⁽³⁾:

Year	Amount	Payment Guarantee	Credit Period
.....
.....
.....

4.2 Unsettled outstanding at application date⁽³⁾:

Amount	Currency	Due date	Reason for non-payment
.....
.....
.....

4.3 Are there/have there been any disputes between the applicant and the buyer? Yes NoIf **yes** kindly provide more details.....**5. Supplementary information**

5.1 Type of goods/services:

5.2 Is prior permission for export required by authorities of the importing country⁽⁴⁾? Yes No
(if yes kindly attach a copy of the import license).5.3 Shipping route:⁽⁴⁾ Sea Land Air5.4 Transit countries⁽⁴⁾ :

5.5 Starting date of relationship with the buyer:

5.6 Can you obtain the buyer's financial statements for the past 2 years?: Yes No5.7 Have you inquired about the buyer's credit worthiness? Yes No
(if yes kindly attach the information in a separate sheet)**(3) Kindly attach additional sheets if needed****(4) In case of export**

Signed:

Name:

Title:

Date: ... / ... /

This form should be forwarded to:
**The Arab Investment & Export Credit
 Guarantee Corporation**
 P.O.Box 23568 Safat 13096, Kuwait
 Tel: +965 24959000
 Fax: +965 24959596/7
 Email : operations@dhaman.org
 Website: www.dhaman.org