



Annex (2) Applicant Identification form Domestic & Export Credit Insurance

1. Applicant Information:

Company:					
Address:					
Country:		City:			
Zip code:		Po Box:			
Phone:					Fax:
E-mail:					
Legal form:					
Capital:					
Date of establishment:					
Sector of activity:					
Exported goods:					

2. Your Sales Volume:

A. Domestic (Local Market)

For past 12 months	
Total Sales \$	Credit Terms
Show total sales for the past 12 months	Prepayment or L/C or Open Account 30 days, 60 days, 90 days, etc.

Projected for next 12 months	
Total Sales \$	Credit Terms
Include sales to both existing and new customers	Prepayment or L/C or Open Account 30 days, 60 days, 90 days, etc.

B. Export

Country	For past 12 months			Projected for next 12 months			
	No. of Buyers	Total Sales \$	Credit Terms	Total Sales \$	No. of Buyers	Credit Terms	Receivables
Top ten by projected sales volume, plus one figure for all others		Show total export sales for the past 12 months	Prepayment or L/C or Open Account 30 days, 60 days, 90 days, etc.	Include sales to both existing and new customers		Prepayment or L/C or Open Account 30 days,	Projected highest total A/R exposure in each country at any one time
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
ALL OTHERS							
TOTAL		USD 0		USD 0			

C. Turnover

For past 12 months	Projected for next 12 months

3. Largest Buyers:

A. Domestic (local market)

	Buyer Name	Complete address	Requested credit limit \$	Credit period	Instrument of payment	Total annual sales \$
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Others						
Total sales						USD 0

B. Export

	Importer Name	Country	Complete address	Requested credit limit \$	Credit period	Instrument of payment	Total annual export \$
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Others							
Total Export							USD 0

4. Additional Buyers:

In addition to the buyers listed above, approximately how many more buyers do you have? Buyers.

Approximately how many of these additional buyers will require credit limits at any one time?

.....	Up to \$ 25,000?	.....	\$ 100,001-\$ 250,000?	.....	Over \$ 1 million
.....	\$ 25,001 - \$ 50,000?	.....	\$ 250,001- \$ 500,000?	.....	Over \$ 2 million
.....	\$ 50,001 - \$ 100,000?	.....	\$ 500,001- \$1 million?	.....	Over \$ 3 million

5. Types of Buyers:

Domestic:	Number:
Manufactures	
Distributors	
Government	
Other,specify:	

Export:	Number:
Manufactures	
Distributors	
Government	
Other, specify:	

6. Sales/ Accounts Receivable

Total receivables outstanding as of application date: \$

Aged as follows:

Current	1-30 Days	Past-Due	31-60 Days Due	Past- Due	61-90 Days Due	Past- Due	91-180 Days Due	Past- Due	Over 180 Days Past-Due

(Attach explanations for accounts over 60 days past-due including buyer, country, reason, and likely repayment)

7. Sales Loss History (Defaulting buyers):

Year	Number of Losses	Total of losses in \$	Largest Single Loss \$	Explanation for Largest Loss
20..				
20..				
20..				
20..				
20..				

8. Credit worthiness evaluation of new Buyers:

Would you specify the supports used in assessing a new buyer credit worthiness?

<input type="checkbox"/>	Credit Reports	Names of agencies used:	.....
<input type="checkbox"/>	Financial Statements	Which ratios are analyzed?	.....
<input type="checkbox"/>	Trade References	Guidelines for evaluation:	.....
<input type="checkbox"/>	Bank References	Guidelines for evaluation:	.....
<input type="checkbox"/>	Personal Visits	What do you look for?	.....
<input type="checkbox"/>	Other Sources	.....

9. Are there any buyers or any of their owners, partners, or shareholders affiliated to your company?

No Yes

If yes, please specify:

10. Credit decision makers:

How many years has your company been in business?	.....	Years
Which positions in your company make credit decisions?		
Combined years of credit experience for these individuals?	.....	Years
Can anyone else overrule these individuals' decisions?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
How often are accounts receivable aging reports generated?		
Do the same individuals as above review these reports?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

11. Collection Procedures:

Telephone Calls	.....	Days Past-Due	Legal Action	.....	Days Past-Due
Written Payment Demands	.....	Days Past-Due	Collection Agency	.....	Days Past-Due
Stop Shipments	.....	Days Past-Due	Other Actions (explain)	.....	Days Past-Due

12. Credit Insurance:

Has your company ever had or applied for credit insurance?

No

Yes

If your answer is "yes", state the name of the insurer:

Notice: information submitted in this application will be treated as confidential. Submission of this application does not bind the applicant or DHAMAN as long as an insurance policy is not signed. If a policy is issued, this application will be an integral part of the insurance contract. The applicant certifies that the information provided in this application is true to the best of its knowledge and belief, and that no material facts have been omitted.

Date:

Signature:

Name:

Title:

Company:

*This form should be forwarded to:
**The Arab Investment & Export Credit
Guarantee Corporation - Dhaman**
P.O.Box 23568 Safat 13096, Kuwait
Tel: +965 24959555
Fax: +965 24959596/7
Email : operations@dhaman.org
Website: www.dhaman.org*