

## **APPLICATION FOR INSURANCE SPECIFIC TRANSACTION POLICY**

## 1. Applicant Information

Name:				
Address:				
City:			State:	Zip:
Phone:	Fax:			
Email:	Website:			
Contact person / Position:				
Legal Form:				
Paid-up capital:				
Date of Establishment:				
Main shareholders:				
Name of shareholder		%		
		•		
Main activity:				
Number of employees:				
Exporting since:				
Exports for the last 12 mon	ths (USD):			
uyer information				
Name:				
Country:				
Address:				

## 2. B

Name:		
Country:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:	Website:	
Legal Form:		
Paid-up capital:		
Date of Establishment:		
Status (private/public):		
Main activity:		

Is the buyer the parent company of a Group:							
Yes. Give the list of subsidiaries:							
□ No							
Is the buyer part of a Group:							
Yes. Give the name of the Group / Holding company:							
□ No							
Is there any ownership, partnership, shareholding and the buyer?	g, or financial relation(s) k	oetween your company					
Yes. Give details:							
□ No							
Did you trade before with the buyer?							
Yes. Specify the number of years: Specify the volume of sales during the last 3 y Details related to your experience with this B							
□ No							
Contract information							
Description of the Project / Contract:							
Details of goods/services to be supplied:							
Description of goods/services	Country of origin	Local value added (%)					

The Contract is:
☐ Signed.
Date of signature:
Date of entry into force:
□ Not signed.
Expected date of signature:
Expected date of entry into force:
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Contract duration:
Contract value:
Means of payment:
If the payment is through ILC, please indicate the name of the issuing bank:
Terms of payment (days):
Advance payment, if any:
Financing:
☐ Buyer's resources
☐ Local financing
☐ External financing. Please give full details of the financier(s):
Like mancing. Flease give full details of the illiancier(s).
Securities:
☐ Yes. Specify:
□ No.
Cover required:
Is your company applying for insurance for this contract with another credit insurer?  — Yes. State name of the credit insurer:
□ No.
Period of coverage required:
Amount of coverage required:
Form of coverage required:
Commercial risks only (bankruptcy or protracted default of a private buyer)
Default of Public Buyer
Political risks only (Confiscation, expropriation and nationalization, war and civil
disturbances, currency inconvertibility and exchange transfer, breach of contract)
Contract Frustration
☐ Commercial and political risks

4.

## We acknowledge that:

- Information exchanged with DHAMAN, including but not limited to DHAMAN's insurance offer, will be treated as confidential.
- Submission of this application does not bind us or DHAMAN as long as an insurance policy is not signed.
- This application form will be used to obtain a Non-Binding Indication only from DHAMAN. If a policy is issued, this application will be an integral part of the insurance contract.

We certify that the information provided in this application is accurate to the best of our knowledge and belief and that no material facts that may influence DHAMAN's risk assessment have been omitted or withheld.

Except as may be permitted in accordance with the terms and conditions of any policy issued by DHAMAN, we undertake not to disclose to any third party other than our professional and/or financial advisers on a strictly confidential basis or as otherwise required by law and/or regulation, the existence of any policy that may be issued.

Date		
Signature		
Name		
Title		
Company		

Please attach the following documents along with the application:

- Copy of your commercial registration.
- Your audited financials for the last three years.
- All relevant information on your company.
- The audited financials of the buyer for the last three years.
- Copy or draft of the contract to be insured.