



QUESTIONNAIRE TQ UKI 07/18

Please complete all sections using BLOCK CAPITALS and continue on a separate sheet if required.

As this Questionnaire forms part of the contract that is issued please do not leave any questions unanswered.

Once you have completed this form please send to:

Client Services, Coface, Egale 1, 80 St Albans Road, Watford, WD17 1RP

Telephone: 0800 085 6848 Fax: +44(0)1923 659094 Email: clientservices@coface.com

1	GENERAL INFORMATION	
1.1	Company name	
1.2	Registered address	
	Postcode	
1.3	Trading address for all correspondence (if different from above)	
	Postcode	
	Telephone number	
	Fax number	
1.4	Company registration number	
	VAT number	
1.5	Primary contact name	
	Position within company	
	Telephone number	
	Email address	
	Contact for receipt of Credit Decisions (if different to primary contact)	
	Position within company	
	Telephone number	
	Email address. Please provide a distribution email address as an alternative	
	Contact for receipt of invoices (if different to primary contact)	
	Position within company	
	Telephone number	
	Email address. Please provide a distribution email address as an alternative	
1.6	Number of employees	

1.7	If you wish us to consider adding a subsidiary or associate company to your contract, please	Company name 1:			
	provide details	Company registration number:			
		Company name 2:			
		Company registration number:			
	Please confirm the trading address for each company, if different to 1.3	Company 1:			
		Company 2:			
Note.	Please note that you should include these companie	es when completing the remainder of this questionnaire.			
1.8	Is this company part of a group?	Yes No			
	Please provide details of the main/parent company.	Company Name			
		Registration Number			
		Country			
1.9	Have you ever had a credit insurance policy cancelled or renewal refused by an insurer? If yes, please give details.	Yes Details			
		No			
1.10	Do you currently have any credit insurance, factoring, invoice discounting or trade finance facilities? If yes, please give details. If no, you must notify us if you take out factoring, invoice discounting or	Yes Details			
	trade finance facilities.	No			
2	NATURE OF BUSINESS				
2.1	Type of good/services sold (please provide a detailed description of your trade)				
2.2	To what trade sectors are they sold?				
2.3	Please state the currency in which this form is completed. This will be the currency that your policy will be issued in.				
2.4	What is your estimated insurable activity for the next 12 months?	Turnover Outstanding Credit Limits			
		Domestic:			
		Export:			
		Total:			
Note:	Insurable activity figures should exclude: cash sales government departments and nationalised undertak	s, VAT, sales to associated and subsidiary companies, public authorities, ings.			

3 ANALYSIS OF ACTIVITY

3.1 Please provide the estimated insurable activity for each country with which you trade or intend to trade: (continue on a separate sheet if necessary)

Country of trade	Estimate for next 12 mths	Current year to date	Total for last year ending / / / yyyy)	Total for previous year ending / / / / yyyy)	Total for previous yr -1 ending / / / / yyyy)
TOTAL					

4 PAST EXPERIENCE

4.1 Please give details of your previous bad debt experience. Amounts are the total amount (excluding VAT) owed to you at the date of insolvency or date you decided to cease collection action.

	Current year to date	Last year	Previous year	Previous year -1
Total bad debt				
Number of bad debts				
Name of debtor & value of largest single bad debt				

5 **DEBTOR INFORMATION**

Note: Debtor balances should exclude: cash sales, VAT, sales to associated and subsidiary companies, public authorities, government departments and nationalised undertakings.

5.1	Please give the quarterly debtor balances for the last year.	As at 31st March	As at 30th June
		As at 30th September	As at 31st December
5.2	Please give full details of any arrangements involving work in progress, consignment stock, long term contracts or any other factors affecting the level of debt or details of any seasonal peaks in your business.		

5.3 Please give the number of debtors, by size of debt, and indicate the total amount outstanding for each category:		Outsta	nding balances as at	(dd / mm / yyyy)					
		DOMESTI	DOMESTIC			TOTALS	TOTALS		
	DEBT	No of accounts	Total O/S	No of accounts	Total O/S	No of accounts	Total O/S		
	Less than 1,000								
	1,001 - 2,500								
	2,501 - 5,000								
	5,001 - 10,000								
	10,001 - 25,000								
	25,001 - 50,000								
	50,001 - 100,000								
	100,001 - 250,000								
	250,001 - 500,000								
50	0,000 - 1,000,000								
Greate	er than 1,000,000								
	TOTAL								
6.1	principal, i.e. a pa entitled to take re	erty to the corectory action	city of contractual ntract who is legally n? apacity you act and	Yes	No				
Note:	You are required,	where applic	able, to take all practi	cable measure	s to exercise your Rete	ntion of Title	clause in every case.		
6.2 (a) Do you have an 'a clause in your ter			Yes	No				
6.2 (b) Do you incorpora contract of sale w			Yes	No				
	If you have answe	ered no to 6.2	(a) or 6.2 (b),						
	Do you have cust The Netherlands?		many, Belgium or	Yes	No				
Note:	into which your ret If you have answer	tention of title red yes to 6.2(over and its ex	clause has been incor b) please note that it is	porated. a condition of	pared to insure risk of no our cover that your sales ension and assignment in	s contract sha	ll include a basic		
6.3	B IDENTIFICATION Please confirm by what means you would be able to identify goods supplied to your customer as your goods (e.g. bar codes, packaging, serial numbers)								
6.4	·		Yes	No					

If you have answered yes, please provide full details:

CREDIT CONTROL PROCEDURES 7.1 Is your credit control (both domestic and export functions) centralised at your trading address? If not, please provide details 7.2 How often do you produce an aged debt listing? Please provide a copy from a recent aged debt list showing the totals outstanding. **Attached** 7.3 What are your normal contractual terms of payment? Please be specific i.e. 30 days from invoice date, 30 days from end of month etc. 7.4 Do you offer extended terms of payment to any Yes No customers? If yes, please specify the extended terms offered and list customers involved 7.5 What is your estimated annual turnover on extended terms of payment? What proof of delivery/completion of a service do you obtain? 7.7 Under what circumstances do you not obtain the relevant proof of delivery/completion of a service? How many days after the goods are delivered or 7.8 services performed do you issue the invoice? 7.9 On new accounts, when and how do you obtain proof of a customer's identity? 7.10 Do you use report agencies, bank reports or any Yes No other type of formal credit management investigation? If so, please provide full details 7.11 Are customers' orders obtained verbally or in writing? If verbally please confirm whether you issue written acceptance. 7.12 What action do you take if a customer's order will exceed the agreed credit limit? 7.13 How often are customers' credit limits reviewed?

8	COLLECTION PROCEDURES			
8.1	Do you contact your customers before the due date to remind them that payment is due?	Yes No		
	If so, how many days in advance?			
8.2	What do you classify as an overdue account? (e.g. 60 days past due date, etc)			
8.3	What action do you take if an account is overdue? (a) On receipt of an order?			
	(b) Prior to delivery of an order?			
8.4	How often are overdue accounts reviewed?			
8.5	How many days after the due date do you chase your customers?			
8.6	How is this done?			
8.7	If payment is not received, what procedures do you then follow?			
8.8	At what point do you put an account on 'stop'?			
8.9	How are all departments in your business made aware that an account is on 'stop'?			
8.10	Do you use any collection agencies/solicitors? If so, please provide full details	Yes		
		No		
9	OVERDUE ACCOUNTS			
9.	Please give details of any accounts (i) which are cau or (iii) are more than 60 days past due date:	using concern, (ii) where le	egal/collection action	on has been commenced,
Со	mpany name, address and registration number	Amount outstanding	Original due date	Action taken to date

10 PRINCIPAL CUSTOMERS

10.1	Please give details of	your largest c	ustomers listed by	size of account:	(continue on a s	eparate sheet if necessary)	

Full name and full address	Country	Company registration number	Credit limit required	Estimated annual turnover	Length of trading experience

11 DECLARATION

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 Questionnaire, I undertake to notify Coface as soon as possible, and before Coface issues a contract, of any substantial change in the above information (particularly in the nature or scope of the Company's activities or in its legal status) or any event likely to lead to a loss which would be covered by the contract or any other material fact which might influence Coface in deciding whether or not to accept the risk, what terms should be applied or what contract payments should be charged. I understand that any misrepresentation or withholding of material information could give Coface the right to decline a claim or cancel a contract.

In addition and independently of the declaration immediately above, I agree that this completed Questionnaire fairly presents the relevant risks associated with insurance cover and discloses all material information / circumstances to enable us, as a prudent insurer, to establish that we have the requisite information or gives us notice that further enquiry is requested to understand the material information / circumstances. I accept the terms and conditions within the contract and accept that this Questionnaire will form part of any contract that is issued. I accept that the contract will not be in force unless, and until, confirmed in writing by Coface.

Authorised signature	
Date	
Full name in capitals	
For and on behalf of	
Capacity within the business (Director, Manager, Partner)	

DATA PROTECTION NOTICE

For the UK This privacy notice applies to Compagnie Française d'Assurance pour le Commerce Extérieur, branch in UK and Coface UK Services Ltd, of Egale 1, 80 St Albans Road, Watford, Hertfordshire, WD17 1RP.

For Ireland This privacy notice applies to Compagnie Française d'Assurance pour le Commerce Extérieur, branch in Ireland and Coface Ireland Services Ltd, of Office Suite 5, Adelphi House, Upper Georges Street, Dun Laoghaire, Co Dublin, A96 AF43.

The privacy policy sets out the basis on which any personal data we collect from you or that you provide to us, will be processed by us for regulatory purposes and for the needs of credit assessment, credit management, credit insurance, reinsurance, information, debt collection, marketing and prospecting and financing activities.

The full privacy notice is available on our website: http://www.cofaceuk.com/About-Coface-in-the-UK-Ireland/Data-Protection

Email: clientservices@coface.com

www.cofaceuk.com