

CREDIT CONTROL QUESTIONNAIRE CCQ 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	
1.6	If you wish us to consider adding a subsidiary or associate company to your contract, please provide details	Company name 1:
		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 companies when completing the remainder of this questionnaire.

1.7	Have you ever had a credit insurance policy cancelled or renewal refused by an insurer? If yes, please give details.	Yes	Details
		No	
1.8	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 trade finance facilities.	Yes	Details
		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, VAT, sales to associated and subsidiary companies, public authorities, government departments and nationalised undertakings.

3 RETENTION OF TITLE

3.1 Do you always act in the capacity of contractual principal, i.e. a party to the contract who is legally entitled to take recovery action? If no, please confirm in what capacity you act and in what circumstances:	Yes	No
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Note: You are required, where applicable, to take all practicable measures to exercise your Retention of Title clause in every case.

3.2 (a) Do you have an 'all monies' retention of title clause in your terms and conditions of sale?	Yes	No
3.2 (b) Do you incorporate those conditions into every contract of sale with your customer?	Yes	No
If you have answered no to 6.2 (a) or 6.2 (b), explain why		

*Note: If you have answered yes to 6.2 (b) please note that Coface is only prepared to insure risk of non-payment of debts under contracts into which your retention of title clause has been incorporated.
If you have answered yes to 6.2(b) please note that it is a condition of our cover that your sales contract shall include a basic retention of title cover and its extended forms, namely processing extension and assignment in accordance with the laws of your customer's country.*

3.3 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)		
3.4 Do you have any customers with whom you are trading on their terms and conditions or other terms different to your standard terms and conditions? If you have answered yes, please provide full details:	Yes	No

4 CREDIT CONTROL PROCEDURES

4.1 Is your credit control (both domestic and export functions) centralised at your trading address? If not, please provide details	
4.2 How often do you produce an aged debt listing? Please provide a copy from a recent aged debt list showing the totals outstanding.	Attached
4.3 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.	
4.4 Do you offer extended terms of payment to any customers? If yes, please specify the extended terms offered and list customers involved	Yes No
4.5 What is your estimated annual turnover on extended terms of payment?	
4.6 What proof of delivery/completion of a service do you obtain?	
4.7 Under what circumstances do you not obtain the relevant proof of delivery/completion of a service?	
4.8 How many days after the goods are delivered or services performed do you issue the invoice?	
4.9 On new accounts, when and how do you obtain proof of a customer's identity?	
4.10 Do you use report agencies, bank reports or any other type of formal credit management investigation? If so, please provide full details	Yes No
4.11 Are customers' orders obtained verbally or in writing? If verbally please confirm whether you issue written acceptance.	
4.12 What action do you take if a customer's order will exceed the agreed credit limit?	
4.13 How often are customers' credit limits reviewed?	

5 COLLECTION PROCEDURES

5.1	Do you contact your customers before the due date to remind them that payment is due? If so, how many days in advance?	Yes	No
5.2	What do you classify as an overdue account? (e.g. 60 days past due date, etc)		
5.3	What action do you take if an account is overdue? (a) On receipt of an order?		
	(b) Prior to delivery of an order?		
5.4	How often are overdue accounts reviewed?		
5.5	How many days after the due date do you chase your customers?		
5.6	How is this done?		
5.7	If payment is not received, what procedures do you then follow?		
5.8	At what point do you put an account on 'stop'?		
5.9	How are all departments in your business made aware that an account is on 'stop'?		
5.10	Do you use any collection agencies/solicitors? If so, please provide full details	Yes	No

6 OVERDUE ACCOUNTS

Please give details of any accounts (i) which are causing concern, (ii) where legal/collection action has been commenced, or (iii) are more than 60 days past due date:

Company name, address and registration number	Amount outstanding	Original due date	Action taken to date

7 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/Coface-in-the-UK-Ireland/Data-Protection>