

CREDIT CONTROL QUESTIONNAIRE

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, 34 Clarendon Road, Watford, Hertfordshire WD17 1JJ
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:

KNOW YOUR CUSTOMER (KYC) - FINANCIAL DATA ABOUT YOUR COMPANY

1.6 It is necessary to provide or verify data about your turnover and total assets so Coface understand more about customer business activities in accordance with regulatory guidelines. Please make sure you complete any empty fields below.

Total Assets *(reported in the latest financial statements)*

Total Turnover
value reported in the latest financial statements

Total Turnover
value reported in the previous year's financial statements

CO-INSURED - AFFILIATE COMPANIES

1.7 If you require Coface to consider adding a subsidiary or associated company to your contract, please provide details below:

Company Name 1

Company registration number:

Please confirm trading address, if different to 1.3

Shareholder Link *(please tick the box that applies)*

Subsidiary of insured
(51% or more shareholding)

Indirect Subsidiary of Insured
(Less than 51% shareholding)

Parent of the insured
(51% or more shareholding)

Indirect parent of the insured
(Less than 51% shareholding)

Common ownership
(insured and co-insured within the same group)

Total Assets *(reported in the latest financial statements)*

Total Turnover *(reported in the latest financial statements)*

Company Name 2	Company registration number:
Please confirm the trading address, if different to 1.3:	
Shareholder Link <i>(please tick the box that applies)</i>	
<input type="checkbox"/> Subsidiary of insured <i>(51% or more shareholding)</i>	<input type="checkbox"/> Indirect Subsidiary of Insured <i>(Less than 51% shareholding)</i>
<input type="checkbox"/> Parent of the insured <i>(51% or more shareholding)</i>	<input type="checkbox"/> Indirect parent of the insured <i>(Less than 51% shareholding)</i>
<input type="checkbox"/> Common ownership <i>(insured and co-insured within the same group)</i>	
Total Assets <i>(reported in the latest financial statements)</i>	
Total Turnover <i>(reported in the latest financial statements)</i>	

Company Name 3	Company registration number:
Please confirm the trading address, if different to 1.3:	
Shareholder Link <i>(please tick the box that applies)</i>	
<input type="checkbox"/> Subsidiary of insured <i>(51% or more shareholding)</i>	<input type="checkbox"/> Indirect Subsidiary of Insured <i>(Less than 51% shareholding)</i>
<input type="checkbox"/> Parent of the insured <i>(51% or more shareholding)</i>	<input type="checkbox"/> Indirect parent of the insured <i>(Less than 51% shareholding)</i>
<input type="checkbox"/> Common ownership <i>(insured and co-insured within the same group)</i>	
Total Assets <i>(reported in the latest financial statements)</i>	
Total Turnover <i>(reported in the latest financial statements)</i>	

If you need to add additional co-insured to this policy please use the addendum provided.

Note: Please note that you should include these companies when completing the remainder of the questionnaire.

1.8 Have you ever had a credit insurance policy cancelled or renewal refused by an insurer? If yes, please give details.	Yes <input type="checkbox"/> No <input type="checkbox"/> Details:
1.9 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 <input type="checkbox"/> No <input type="checkbox"/> Details:

2 NATURE OF BUSINESS

2.1 Type of goods/services sold (please provide an exact 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 <input type="checkbox"/> Outstanding <input type="checkbox"/> Credit Limits <input type="checkbox"/>
	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?

Yes No

If no, please confirm in what capacity you act and in what circumstances:

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 a retention of title clause into every contract of sale with your customers?

Yes No

If you have answered no to 3.2 (a) or 3.2 (b), explain why

3.2(c) Do you have any customers in Germany, Belgium or the Netherlands?

Yes No

Note: If you have answered yes to 3.2 (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 3.2(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?

Yes No

If you have answered yes, please provide full details:

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?

<p>4.8 How many days after the goods are delivered or services performed do you issue the invoice?</p>	
<p>4.9 On new accounts, when and how do you obtain proof of a customer's identity?</p>	
<p>4.10 Do you use report agencies, bank reports or any other type of formal credit management investigation? If so, please provide full details</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>4.11 Are customers' orders obtained verbally or in writing? If verbally please confirm whether you issue written acceptance.</p>	
<p>4.12 What action do you take if a customer's order will exceed the agreed credit limit?</p>	
<p>4.13 How often are customers' credit limits reviewed?</p>	

5 COLLECTION PROCEDURES

<p>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?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>5.2 What do you classify as an overdue account? (e.g. 60 days past due date, etc)</p>	
<p>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?</p>	
<p>5.4 How often are overdue accounts reviewed?</p>	
<p>5.5 How many days after the due date do you chase our customers?</p>	
<p>5.6 How is this done?</p>	
<p>5.7 If payment is not received, what procedures do you then follow?</p>	

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

This privacy notice applies to Compagnie Française d'Assurance pour le Commerce Extérieur, branch in UK and Coface UK Services Ltd, of Coface, 34 Clarendon Road, Watford, Hertfordshire WD17 1JJ.

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>

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