

APPLICATION FOR :

Comprehensive Short Time Policy (CSTP) C01+C02
Supplemental Medium Term Policy (SMTP) C03+C04

Dear Sirs :

We.....the" Applicant", hereby request the Islamic Corporation for the Insurance of Investment and Export Credit to issue in our name , an insurance policy (Comprehensive Short Term Policy and or Supplemental Medium Term Policy) a specimen of which we have read, understood and accepted .

Also , we are attaching an initial number of..... Credit Limit Application(s) (CLA's) on our buyers that we would like to insure under this policy .

Our preferred currency for the insurance policy is :

US Dollar Euro Islamic Dinar

Our Preferred Language for the insurance policy is :

Arabic English French

Our preferred calendar for the insurance policy is :

Hijra Gregorian

APPLICANT DATA

Name	
Address	
Country	
Contact Person	
Position	
Tel.	
Fax	
e-mail	

Current Capital	
Date of Establishment	
Legal Status	
Exporting since	
No. of Employees	
Exports in the last 12 months	

Main Shareholders:

	Name	Nationality	%of Subscription
1			
2			
3			
4			
5			

Are you the Parent Company of a Group?: Yes pls give the list of your subsidiaries

No

Are you part of a Group ?: Yes Name of the Group _____

No

General Description of Activities and Services :

Percentage (%) of the Local Content /Value Added of each Exported Goods :

	Product	Local Content%
1		
2		
3		
4		

INFORMATION ABOUT EXPORT OPERATIONS

A) Percentage of Exports in your Total Sales : %

B) Distribution of Exports by Country

Country	Exports Value (\$US)				
	Export value for the last three years			Export value for current & next year (estimated)	
	Year()	Year()	Year()	Current year()	Next year()
Total					

C) - Maximum Credit Limit Offered to the Foreign Buyers:

- Terms Payment applied to Foreign Buyers:

- Advance Payment Confirmed Irrevocable Letter of Credit
- Irrevocable Letter of Credit Payment Against Documents
- Promissory Note Open Account
- Cash Against Documents Others

D) Major Regular Foreign Buyers:

Country	Buyer's Name and Address	Amount of Business during last 12 months

**E) Losses incurred during the last 2 years.
(Please use separate paper if necessary)**

Buyers Country	Buyers Name	Amount of loss	Date of loss	Reason for Non- payment

F) Are Losses expected next year ?

Yes Please Provide details :...

No

G) Are you covering your exports with any other Export Credit Insurance?

Yes Please Provide details :...

No

H) Are you in process of obtaining Export Credit Insurance or did you obtain such cover before?

Yes

No

DECLARATION OF THE APPLICANT

- We, the applicant above , certify that the statement made and the information provided by us are true and we have not misrepresented or omitted any material information relevant to the policy or to the risk to be insured hereunder . We agree that such statements and information will form the basis of and will be incorporated in the policy

- We will not enter into any other additional credit insurance contract or indemnity without your written consent .

- We agree that the truth of such statements and information and due performance of each liability on your part under the policy .

- We are not aware of any circumstances relating to any particular buyer or contract which might adversely affect your decision to insure them . If such circumstances arise at any time, we will notify you immediately .

Signature:

Date:

Name:

Acting in the Capacity of:
(General Manager ,Partner, Owner, etc)

Please attach the following documents along with the application :

1_ Copy of the Company's Commercial Registration Certificate

2_ Copy of membership of the Chamber of Commerce

3_ Three latest annual Reports (or Audited Financial Statements)

4_ Brochure of the company and its activities

(Company Profiles)

5_ Credit Limit Applications and/or Contacts Applications for each Foreign Buyer (Form attached)