



**GGL TRADE CREDIT LTD.**

LONDON - PARIS - NEW YORK

ONE CANADA SQUARE, 29TH FLOOR - CANARY WHARF - LONDON E14 5DY - UNITED KINGDOM  
TEL: +44 (0)20 7712 1633 – FAX: +44 (0)20 7712 1674

**CREDIT INSURANCE PROPOSAL FORM**  
**DOMESTIC & EXPORT**

**I - APPLICANT**

COMPANY NAME: .....

ADDRESS: .....

COUNTRY: .....

TEL: ..... FAX: .....

LEGAL FORM: ..... DATE OF CREATION: .....

REGISTRATION N°: .....

**II - CREDIT INSURANCE OR FACTORING CONTRACTS**

IN FORCE UNTIL .....  TERMINATED ON .....

COMPANY NAME: .....

**III - NATURE OF BUSINESS**

*(if possible, please enclose product or service documentation)*

MANUFACTURER  MERCHANT  SERVICES

TYPE OF GOODS/SERVICES SOLD:.....



#### IV - CUSTOMERS ANALYSIS

- |                                 |                                  |
|---------------------------------|----------------------------------|
| ● WHOLESALERS: .....            | ● PARENT COMPANIES: .....        |
| ● RETAILERS: .....              | ● INDIVIDUALS: .....             |
| ● PUBLIC ADMINISTRATIONS: ..... | ● OTHERS (to be precised): ..... |

#### V - TERMS OF PAYMENT

- |                  |                  |
|------------------|------------------|
| ● CASH: .....    | ● 45 DAYS: ..... |
| ● 30 DAYS: ..... | ● 90 DAYS: ..... |
| ● 60 DAYS: ..... |                  |

*To fill in the following part of this questionnaire you can use the currency of your choice. Unless otherwise specified, this currency shall be used for the management of your policy.*

Chosen currency: EUR

#### VI – TURNOVER (all amounts are V.A.T. excluded)

V.A.T. % : ..... %	YEAR N-2 (2003)	YEAR N-1 (2004)	CURRENT YEAR N (2005) ... MONTHS	ESTIMATES YEAR N (2005)
* Total turnover	.....	.....	.....	.....
* Domestic turnover	.....	.....	.....	.....
* Number of invoices	.....	.....	.....	.....






### VIII – DEBTOR ANALYSIS

EUR

DEBT BALANCE OUTSTANDING	NUMBER OF DOMESTIC DEBTORS	NUMBER OF INTERNATIONAL DEBTORS	TOTAL DEBT
up to 5,000			
from 5,000 to 10,000			
from 10,000 to 25,000			
from 25,000 to 50,000			
from 50,000 to 100,000			
from 100,000 to 250,000			
from 250,000 to 500,000			
from 500,000 to 1,000,000			
above 1,000,000			

### IX - LARGEST CUSTOMER ACCOUNTS :

*Please indicate your main clients in terms of credit limits*

COUNTRY	NAME, ADDRESS AND IDENTIFICATION NUMBER	CREDIT LIMIT
---------	---	--------------






**X – ANALYSIS OF LOSSES**

	<b>YEAR N-2 (2003)</b>	<b>YEAR N-1 (2004)</b>	<b>CURRENT YEAR N (2005) ... MONTHS</b>
Account receivables at the end of the year	.....	.....	.....
Total losses	.....	.....	.....
Largest loss	.....	.....	.....
Number of losses	.....	.....	.....
Amount written off	.....	.....	.....

**XI – DETAIL OF THE LARGEST LOSSES DURING THE LAST TWO YEARS**

<b>YEAR</b>	<b>COUNTRY</b>	<b>DEBTOR FULL NAME &amp; ADDRESS</b>	<b>AMOUNT</b>
-------------	----------------	---------------------------------------	---------------




***The information contained in this questionnaire is strictly confidential and shall not be held as a commitment to subsequently issue any policy***

Name of the signatory: .....

Made in: .....

Position: .....

Date: .....

Signature: .....

Commercial stamp: