EXPORT CREDIT GUARANTEE CORPORATION OF INDIA LIMITED (A GOVT. OF INDIA ENTERPRISE)

Form No. 144 A

Credit Limit Application for enhancement of Credit Limit or change of terms of payment or both - on a buyer or LC Opening Bank / LC Confirming Bank

(This application should be submitted to the branch office of the Corporation along with a fee of $\overline{\$}$. 500/-.)

INSTRUCTIONS
(i) Fill in all columns of the application legibly or if possible send in typewritten.
(ii)Attach wherever possible a bank report in original/copy bank certified to your application
(iii) Mention the name and address of the Buyer / Bank in the caption, with reference number and write separate letter in respect of each of your overseas buyer, in all your future correspondence, concerning the credit limit applications.
(iv)Terms of payment means DP/CAD/DA/Open Delivery/ LC Sight / LC Usance / LC-OD/ LC-OD Usance. Please specify the terms of payments with period clearly.
(v) In case you are making shipments directly to the buyer, please ensure necessary approvals from the RBI / Authorized Dealers.
(vi) Provide additional information on the buyer, if available in the format provided at the end of the application form.
(vii) Please note a buyer is one who is responsible for making the payment and on whom you would be maintaining recourse. Accordingly the documents should be drawn and credit limit should be obtained.
1. Name of the Policyholder: M/s
2. Policy Number
3. Policy period fromTo(Please submit proposal for renewal of the policy, if it is expired)

(For enhancement of M.L., if required, you may apply separately, in the specified format)

<u>₹.</u> _

(If it is not submitted up to date, kindly update the same.)

4. Maximum Liability (M.L.):

5. Shipments Declaration submitted up to ___

		yer: M/s					
City: Phone Number: E-Mail: Contact Person: Buyer Registration No:				Country: Fax Number: Website: Mobile Number: VAT No:			
7. Nar	me of the Bu	yer's Bank(s) / Lo	C Opening B	ank / LC Confi	rming Bank:-		
Add							
City: Phone Number: E-Mail:				Country: Fax Number:			
Buyer's A/c No:				Swift Cod	Swift Code / BIC:		
8. Des	scription of G	oods:					
9. Cou	untry from w	hich the goods a	re to be exp	orted :			
		tination of goods er/Contract/LC o			• •		
this shall help us in a speedy decision) Order No / Contract No / LC No: Amount in ₹.: Terms of Payment:							
12. Shipping Schedule: <u>Month</u> <u>Value of Shipment in ₹.</u> <u>Terms of p</u>						<u>payment</u>	
13. Credit Limit in force:- Amount in ₹. : Terms of payment:							
(Yo	ou may kindly	attach copy of t	the previous	approval alon	g with the Ref	No and date)	
14. Re	evised Credit Amount in	Limit now requir ₹. :		rms of paymer	nt:		
	•	e with the Buyer h additional shee	•	-	onfirming Bank	for the last one	
Sr. No.	Date of shipment	Value (in <u>₹.</u>)	Terms of payment	Due Date of Payment	Date of realization	Reason for delay/over-due, if any	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	

16. (a) Whether the buyer/bank is associated / related to you? Yes/No (If yes, furnish details) (i) Please indicate your percentage shareholding in the buyer's company-(ii) Please indicate buyer's shareholding in your company-(iii) Details of the managerial control in the buyer's company-(iv) Details of the relationship with the buyer like proprietor/partner/director etc-(b) Is the buyer/bank or any of the partners/directors related to you? Yes/No (if yes, furnish details) (c) Have you any interest in the capital/management of the concern / company? Yes/No (If yes, furnish details) 17. Have you made any enquiries regarding the financial standing and credit worthiness of the buyer? If so, please give your views in this regard. (You may kindly provide us the details of the financial statements / Balance Sheet, if available) Yes/No Cheque /DD No. _____ dated_____ for ₹. _____ Drawn on _____enclosed. Signature of Policyholder Place: Name and Designation of the signing Date: authority with the official seal **INFORMATION OF THE BUYER** (ATTACH FINANCIAL STATEMENTS / BALANCE SHEET, IF AVAILABLE) 1. Age of the business A) Since when the buyer is in business B) Since when the buyer is in import business C) Since when the buyer is dealing with the policyholder. 2. Status of the buyer : Sole proprietor / Partnership / Limited Company/Govt Department / Others 3. A) Line of business indicating the product dealt with B) Nature of business : Wholesaler/Retailer/Dept Store/ Manufacturer 4. A) Capital employed B) Annual Turnover (If exact figures are not available, please provide an approximate estimate) 5. Sister concerns/parent bodies of the buyer: 6. Countries from which the buyer is importing Other exporters in India dealing with this buver 7. Details collected on business dealing of the buyer 8. during personal visits / abroad: Other information, if any
