## ECGC LIMITED (A GOVT. OF INDIA ENTERPRISE)

## **Credit Limit Application Form for Pre-Shipment Risk Cover**

(This application should be submitted to the branch office of ECGC along with a fee of ₹500/-and the requisite premium at the applicable rate)

We have read and understood the terms and conditions of the Cover and hereby apply for Credit Limit on the Buyer mentioned herein to be covered under the Pre-Shipment Cover. We further undertake not to seek any refund of premium from ECGC for whatsoever reason except as provided under the Cover.

## INSTRUCTIONS

- (i) The Insured shall submit the duly filled, signed and sealed credit limit application. If any column does not apply, please mention clearly that the same is Not Applicable (mark N.A.). Wherever space provided for submission of information is insufficient, please attach a separate sheet.
- (ii) Please note that the Credit Limit Application and the information provided therein are crucial for ECGC to take underwriting decision. The Insured shall provide true, complete and accurate information.
- (iii) Please note that 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 limit should be obtained.

1.	Name and address of the Policyholder:				
	M/s				
2.	Policy Number				
3.	Policy period from(Please submit proposal for renew	to wal of the policy, if it is expired)			
4.	Aggregate Loss Limit (ALL) under	r the Policy: ₹			
5.	Name and address of the Buyer:				
	M/s				
	Address:				
	City: Phone Number: E-Mail: Contact Person: Buyer Registration No:	Country: Fax Number: Website: Mobile Number: VAT No:			

	Alternate address of Buyer, if any:					-	
6.	Name and address of the Parent Company of the Buyer, if any:				:		
	M/sAddress:						
	City: Phone Number: E-Mail: Contact Person: Buyer Registration No:		Fax Web Mob	ntry: Number: osite: oile Number:			
7.	Name and address of the Buyer's Bank(s) :						
	M/sAddress:						
	City: Phone Number: E-Mail: Buyer's Account Numbe	er:	Fax Web	ntry: Number: osite: t Code/BIC:			
8.	Details of Order / Sale Contract on hand :(Please enclose copy of Order / Contract)						
	Order No. / Contract No.	No. / Contract Date Amount in ₹.			Terms of Payment (DP/CAD/DA/Open Delivery)		
9.	Shipping Schedule:						
			alue of Shipme			rms of Payment P/CAD/DA/Open Delivery)	
10	. If there are no Orders/C	ont	racts on hand,	, what is your	anticipa	tion of business?	
	Amount in Rs. Terms of Payment:						
11.	. Limit required: Amount	in R	Rupees (₹):				

12. Your experience with the buyer in the last two years. (Please attach additional sheet, if necessary):

Sr. No.	Date of shipment	Value (in ₹.)	Terms of payment	Due Date of Payment	Date of realization	Reason for delay/over- due, if any
(1)	(2)	(3)	(4)	(5)	(6)	(7)

- 13. Whether the buyer is associated / related to you? Yes/No
- 14. Is the buyer or any of the partners/directors related to you? Yes/No
- 15. Do you have any interest in the capital/management of the buyer company? Yes/No

If yes (in respect of 13 or 14 or 15), furnish the following details:-

- (i) Please indicate your percentage shareholding/financial stake in the buyer's company-
- (ii) Please indicate buyer's shareholding/financial stake 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.-
- 16. Have you made any enquiries regarding the financial standing and credit worthiness of the buyer? Yes/No

If so, please give your views in this regard.

(You may kindly provide us the details of the financial statements / Balance Sheet, if available)

- 17. Brief description of the Enterprise Resource Planning (ERP) system in place in your company: (please attach a separate sheet if required)
- 18. Brief description of the goods:
- 19. Brief on the manufacturing process flow-chart: (please attach a separate sheet if required)
- 20. Stage wise estimated salvage value of the un-exported goods and details of current stocks in the table below:

Particulars	Raw Material Stage	Work-in-progress/Semi-	Finished
		finished goods stage	goods
Value of			
Stocks as on			
Date in ₹			
Percentage			
of Salvage			
Justification			
with reasons			

(please attach a separate sheet if required) Cheque /DD/UTR/Online Transaction No. \_\_\_\_\_\_Dated\_\_ for ₹. \_\_\_\_\_ brawn on \_\_\_\_\_ is enclosed. Place: Signature of Policyholder Date: (Name and Designation of the signing 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 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.** Associate concerns/parent bodies of the buyer: **6.** Countries from which the buyer is importing: 7. Other exporters in India dealing with this buyer: **8.** Details collected on business dealing of the buyer during personal visits / abroad: **9.** Other information, if any: \*\*\*\*\*\*\*\*\*\*\*

21. Reason for seeking pre-shipment cover on the above buyer: