

## Trade Credit request to quote

### Debtor details

Please return this completed form on each debtor and all required supporting documentation to [tradecredit@hollard.co.za](mailto:tradecredit@hollard.co.za). We will provide a quotation within 5 working days (domestic policies) and 10 working days (export policies).

**Note:** This is an electronically editable PDF document allowing for ease of completion.

#### 1. Broker

Broker name

Contact person at broker

#### 2. Client details

Registered name of the proposed insured

Registration number

#### 3. Debtor details

Is this a once-off transaction / delivery? Yes  No

Credit limit required R

Credit terms required

Legal entity

Trading name

Registration number  VAT number (if applicable)

Physical address

Accounts department Contact name

Work  Mobile

Email

Name

Bank name

Branch  Account no.

#### 4. Trade references

Trade reference 1 Entity

Contact name  Contact no.

Trade reference 2 Entity

Contact name  Contact no.

Trade reference 3 Entity

Contact name  Contact no.

**5. Further details required**

Has your debtor ever had a credit insurance policy cancelled or refused cover by an insurer? Yes  No

If Yes, provide reason

Any other relevant adverse information that you are aware of?

Do you have consent from your debtor to conduct this review? Yes  No

Snapshot of this debtor's ageing

Current  30 days  60 days  90 days  Over 90 days

**Required information**

**Domestic debtors: Domiciled in South Africa, Botswana, Lesotho, Namibia or eSwatini**

- Credit application form [for all limits]
- Where a credit application form is not available, this fully completed form will be required
- Signed Annual Financial Statements (for credit limit requests over R1 000 000)
- Updated Management Accounts (if the AFS are more than six months old)
- Three months bank statements will be advantageous

**Export debtors: Domiciled outside South Africa, Botswana, Lesotho, Namibia or eSwatini**

- Signed Annual Financial Statements for all credit limit requests
- Updated Management Accounts [for all limits if the AFS are more than six months old]

Hollard reserves the right to request further information in order to review a buyer appropriately.

Should you not have the required information please provide the contact details from whom Hollard may request them:

Contact person

Designation

Contact number

Cell number

Email address

Please note that an underwriting review will only commence once all required supplementary documentation has been received.

## 6. Client declaration, data protection and signatures

We acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers and third parties is in the public interest as it enables insurers to underwrite policies, assess risks fairly, to reduce the incidence of fraudulent claims with a view to limiting premiums and to conduct surveys. On our behalf and on the behalf of any person we represent herein, we hereby waive our rights to privacy with regard to underwriting or claims information (including credit information) that we provide or that is provided by another person on our behalf in respect of any insurance policy or claim made or lodged by me. We acknowledge that the insurance information provided by us may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of our policy or the meeting of any claims we may submit. We consent to such information being processed and disclosed to any other insurance company or its third parties. We acknowledge that the information may be verified against legally recognised sources or databases. We agree that this proposal shall be the basis of the contract between Hollard and ourselves. We will accept Hollard's standard policy. We understand that this insurance will not commence until this proposal has been accepted by Hollard. If you are unable to sign this declaration without qualification, please give your reasons here:

We declare that to the best of our knowledge/belief, the statements and particulars given in this form are true and complete and that no material facts that are likely to influence the acceptance and assessment of your insurance have been withheld. If you are in any doubt as to whether a fact is material, you should disclose it. This means that The Hollard Insurance Company Ltd has been made aware of all important information and that any incorrect information may mean that the policy will be cancelled or voided, and any claim submitted to us would then not be dealt with.

Authorised signature	<input type="text"/>	Date	<input type="text"/>
Full name	<input type="text"/>	Designation	<input type="text"/>

It is recommended that you keep a copy of this application form and all other information supplied for record purposes.

**Hollard.**