



## Appendix No. (2)

<b>Insurance Application Form</b>		
Insured Name		
Insurance Policy No.		
Obligor's Information		
Bank Name		
Head Office Address		
Relationship between Insured & Obligor		
<input type="checkbox"/> Trade	<input type="checkbox"/> Joint management	<input type="checkbox"/> Ownership / Related Party
Past Experience with the Obligor		
<input type="checkbox"/> Exceeding 3 years	<input type="checkbox"/> 1-3 Years	<input type="checkbox"/> New
Unsettled Outstanding Exposure of Obligor At Application Date (Specify Amount & Details)		
Additional Remarks on Relationship, Experience, Turnover, etc..		
Requested Cover		
<input type="checkbox"/> Non-Commercial Only	<input type="checkbox"/> Commercial Only	<input type="checkbox"/> Commercial & Non-Commercial
Credit Limit Information		
1	Project / Contract Details (if any/as applicable)	
2	Trade Instrument Type	
3	Trade Instrument Reference No	
4	Currency & Value	
5	Issuance Date	
6	Insured Amount / Rate Requested	
7	Minimum Amount Retained by the Insured on Clean Basis	
8	Cash Collateral (If Available)	



## Appendix No. (2)

9	Settlement Terms (days)	
10	Validity (for LC's)	
11	Latest Shipment Date	
12	Value Date for Loans/Discounting	
13	Financing/Post Financing Maturity Date (as applicable)	
14	LC Confirmation Fees (as applicable)	
15	Interest Margin / Discounting Rate (as applicable)	
16	Exported Goods	
17	Goods Country of Origin	
18	Destination of Goods	
19	Applicant / Importer & Country	
20	Beneficiary / Exporter & Country	
21	Additional Details / Remarks	

- **N.B. Kindly Attach an L/C Copy or copy of Trade Instrument**

Signed & Stamped:	
Name:	
Title:	
Date:	

*This form should be forwarded to:*  
**The Arab Investment and Export Credit Guarantee Corp. – "Dhaman"**  
 Head Quarters of Arab Organizations (Shuwaikh)  
 P.O. Box: 23568 Safat 13096 Kuwait  
 Dir. +965 2495 9555/ 2495 9575  
 Fax: +965 2495 9596 / 7  
 Email: [operations@dhaman.org](mailto:operations@dhaman.org)  
 Web: [www.dhaman.org](http://www.dhaman.org)