



Annex No. 03
FACTORING Insurance Contract
Credit Limit Application

Applicant name:
Contract no.:
Person authorized to complete the insurance procedures:
Title:

Requested Cover:

Commercial & Non-commercial Commercial Only Non-Commercial Only

1. Client information:

1.1 Name in Arabic:
1.2 Name in Latin:
1.3 Main address:
P.O. Box: City: Postal code: Country:
Tel : Fax : Email:
1.4 Commercial registration no. :

2. Debtor information:

2.1 Name in Arabic:
2.2 Name in Latin:
2.3 Main address:
P.O. Box: City: Postal code: Country:
Tel : Fax : Email:
2.4 Commercial registration no. :
2.5 Banking reference (Name of bank or bank):

3. Credit limit information:

3.1 Average Factored Invoices:
3.2 Credit period allowed to the Debtor:
3.3 Number of accepted invoices during the credit period:
3.4 Credit limit requested⁽¹⁾:
3.5 Payment guarantee: P/N B/E IL/C Other (specify):

(1) Credit limit requested = Average Factored Invoices x Number of accepted invoices during the credit period.

4. Relationship between applicant/ Client/ Debtor:

Please attach copies of documentation in the case of partnership or joint management:

- Trade Joint management Partnership

5. Previous experience during the past 3 years:

5.1 Value of Factored Invoices up to application date ⁽²⁾:

Year	Amount	Payment Guarantee	Credit Period
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5.2 Unsettled outstanding at application date ⁽²⁾:

Amount	Currency	Due date	Reason for non-payment
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5.3 Are there/have there been any disputes between you or the Client and the Debtor? Yes No

If **yes** kindly provide more details.....

6. Type of trade transaction:

- Domestic Export

7. Supplementary information

7.1 Sold goods or services:

7.2 Origin of sold goods or services:

7.3 In case of Export please specify the following:

- Is prior permission for export required by authorities of the importing country? Yes No
(if yes kindly attach a copy of the import license).
- Shipping route: Sea Land Air
- Transit countries:

7.4 Starting date of relationship between Client & Debtor:

7.5 Starting date of relationship between Factor & Client:

7.6 Can you obtain the Debtor's financial statements for the past 2 years?: Yes No

7.7 Have you inquired about the Debtor's credit worthiness? Yes No
(if yes kindly attach the information in a separate sheet)

(2) Kindly attach additional sheets if needed

Signed:

Name:

Title:

Date: ... / ... /

*This form should be forwarded to:
**The Arab Investment & Export Credit
Guarantee Corporation**
P.O.Box 23568 Safat 13096, Kuwait
Tel: +965 24959000
Fax: +965 24959596/7
Email : operations@dhaman.org
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