



**GGL TRADE CREDIT LTD.**

LONDON - PARIS - NEW YORK

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**CONFIDENTIAL PROPOSAL FORM  
CREDIT INSURANCE - FACTORING  
DOMESTIC & EXPORT**

**I - APPLICANT**

COMPANY NAME: .....

ADDRESS: .....

COUNTRY: .....

TEL: ..... FAX: .....

LEGAL FORM: ..... DATE OF CREATION: .....

REGISTRATION N°: ..... WEBSITE: .....

**II - CREDIT INSURANCE OR FACTORING CONTRACTS**

IN FORCE UNTIL .....  TERMINATED ON .....

COMPANY NAME: .....

**III - NATURE OF BUSINESS**

MANUFACTURER

MERCHANT

SERVICES

TYPE OF GOODS/SERVICES SOLD: .....



**IV - CUSTOMERS ANALYSIS**

- WHOLESALERS: .....%
- PARENT COMPANIES: .....%
- RETAILERS: .....%
- INDIVIDUALS: .....%
- PUBLIC ADMINISTRATIONS: .....%
- OTHERS (to be precised): .....%

**V - TERMS OF PAYMENT**

- CASH: .....%
- 90 DAYS: .....%
- 30 DAYS: .....%
- 120 DAYS: .....%
- 60 DAYS: .....%
- OTHER: ..... DAYS .....%

*To fill in the following part of this questionnaire you can use the currency of your choice.*

**Chosen currency: EUR**

**VI – TURNOVER (all amounts are V.A.T. excluded)**

V.A.T. % : ..... %	YEAR N-2 (2007)	YEAR N-1 (2008)	CURRENT YEAR N (2009) ... MONTHS	ESTIMATES YEAR N (2009)
* Total turnover	.....	.....	.....	.....
* Domestic turnover	.....	.....	.....	.....
Number of invoices	.....	.....	.....	.....
* Export turnover	.....	.....	.....	.....
Number of invoices	.....	.....	.....	.....





**VIII – DEBTOR ANALYSIS**

**Currency :**

<b>DEBT BALANCE OUTSTANDING</b>	<b>NUMBER OF DOMESTIC DEBTORS</b>	<b>NUMBER OF INTERNATIONAL DEBTORS</b>	<b>TOTAL DEBT</b>
up to 5,000			
from 5,000 to 10,000			
from 10,000 to 25,000			
from 25,000 to 50,000			
from 50,000 to 100,000			
from 100,000 to 250,000			
from 250,000 to 500,000			
from 500,000 to 1,000,000			
above 1,000,000			

**IX - LARGEST CUSTOMER ACCOUNTS :**

*Please indicate your main clients in terms of credit limits*

<b>COUNTRY</b>	<b>NAME, ADDRESS AND IDENTIFICATION NUMBER</b>	<b>CREDIT LIMIT</b>





**X – ANALYSIS OF LOSSES**

	<b>YEAR N-2 (2007)</b>	<b>YEAR N-1 (2008)</b>	<b>CURRENT YEAR N (2009) ... MONTHS</b>
Account receivables at the end of the year	.....	.....	.....
Total losses	.....	.....	.....
Largest loss	.....	.....	.....
Number of losses	.....	.....	.....
Amount written off	.....	.....	.....

**XI – DETAIL OF THE LARGEST LOSSES DURING THE LAST TWO YEARS**

<b>YEAR</b>	<b>COUNTRY</b>	<b>DEBTOR FULL NAME &amp; ADDRESS</b>	<b>AMOUNT</b>



***The information contained in this questionnaire is strictly confidential and shall not be held as a commitment to subsequently issue any policy***

Name of the signatory: .....

Made in: .....

Position: .....

Date: .....

Signature: .....

Commercial stamp: