QUESTIONNAIRE TOP UP



1. General Information					
Company name:					
Registered address:					
Administrative address:					
Contact name:					
Company Registration number:			VAT number:		
Telephone number:			Fax number:		
E-mail:			Website:		
If applicable please give the nat	me, address and	company registr	ation number of your parent	company:	
Are you currently credit insured?)			Yes - No	
If yes, please give the name of yo	our insurer and pol	licy expiry date:			
Do you use a broker?				Yes - No	
If yes, please give the name of y	our broking hous	se and contact:			
Are you currently factoring your	invoices?			Yes - No	
If yes, please give the name:					
2. Nature of Applicant's	business				
Detailed description of business:					
Specify the economic sector of y					
Specify the economic sector of y Customers' economic se		y percentage per Percentage	sector Customers' econo	omic sector	Percentage
				omic sector	Percentage
Customers' economic se				omic sector	Percentage
		Percentage		omic sector	
Customers' economic se	ector				Percentage Percentage
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Customers' economic set Specify the kind of customers Ma	anufacturers: Wholesalers:	Percentage	Customers' econo		
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Year (at least 5 years) Total Ultimate Loss Suffered Number of Losses Debtor's Debtor's Total Indemnity Country Loss Perceived						Individual Los	sses		
(at least 5 years) Credit Limit Credit Limit				(If there a	re more than 5 lo	sses per year, ple	ease add an Excel	list in appendix)	
5 years) Debtor's Total Indemnity Country Loss Received	(at least						Credit Limit		
	5 years)	Loss dancied					Internal	From Credit Insu	

6. First Line Limits							
Customers	Requested limits		Received limits				Currency
Have any of your customers receiv	ved a redu	ction in limits during the	past 3 r	nonths?	☐ No		
					Yes		
If yes, please provide a list of these	e customer	s with the previous and	current l	imits.			
7. Recovery actions							
Once a Due Date has not been ha	onored:	Day o manipul manafter Di					
First contact for recovery		Days maximum after Du Date:	ie				
Method of contact:		Telephone \(\)	/isit	Letter/em	nail	Others:	
Second contact for recovery		Days maximum after Du Date:	ie				
Method of contact:		Telephone \(\)		Letter/em	nail	Others:	
Submission Legal actions / profession recovery							
Delivery Stop and Credit Limit cand	cellation	Days maximum after Du Date:	ie				
		No					
Do you use a Recovery Agency ar Recovery professional?	nd /or a	Yes - Since:					
		Name:					
On average, how many collection			ear?				
Total amount of debt submitted a							o/
Average success rate of Recovery	Agency /	Recovery Professional:					%

9. Affachments Latest annual report Recent againg belance Eace list of current limits with requested and valid credit limits (see 6) Credit management manual Copy of that line insurance contract Current limits produced by the begans of the first state of the policy does not limits (see 6) Copy of that line insurance contract Current limits produced by the begans of the first state of the policy does not limits (see 6) Current limits produced by the begans of the first state of the policy does not limits on the specific customer. Condition of converval first policy is only a centil first growth of the state of the policy does not limits on the specific customer. Condition of converval first policy is only a centil first growth of the state of the state of the state of the specific customer. Condition of converval first policy is only a centil first growth of the state of the state of the state of the specific customer. Condition of converval first policy is only a centil first growth of the state of the state of the state of the specific customer. Condition of converval first policy is only a centil first growth of the state of the state of the state of the specific customer. Condition of converval first policy is only a centil first growth of the state of the specific customer. Condition of the state of the specific customer. Condition of the state of the state of the state of the specific customer. Condition of the state of the specific customer. Condition of the state of the state of the state of the specific customer. Condition of the state of the specific customer. Condition of the state of the specific customer. Condition of the state of the specific customer. Copy of the state of the state of the state of the specific customer. Condition of the state of the specific customer. Condition of the state of the state of the sta	8. To be filled by the insurer		
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Title:			
		Name:	
Date:		Title:	
		Date:	