



PROPOSAL FOR A SHORT-TERM EXPORT CREDIT INSURANCE POLICY

To enable you to prepare a quotation, we give you, without obligation and in the strictest of confidence, the following information:

1. PROPOSER

- a) Registered name _____
- b) Trade style _____
- c) Registered number _____
- d) VAT Registration number _____
- e) Date established _____
- f) Directors; Partners; Members; Proprietor _____

SURNAME	FIRST NAME	ID TYPE	ID NUMBER	CONTACT NUMBER

- g) Postal address _____
- h) Physical address _____
- i) Telephone number _____ Fax number _____
- j) E-mail _____
- k) Bankers & Branch _____
- l) Account number _____

2. **NATURE OF BUSINESS**

a) Manufacturer, Wholesaler, Retailer, Other

b) Kind of goods sold / services rendered

c) Type of buyer involved (e.g. Governments, manufacturers, wholesalers, retailers, associated companies)

3. **SPREAD OF EXPORT TURNOVER**

a) We give below details our total export turnover achieved with all markets during the last 12 months and our total estimated export turnover to each of the countries for the next 12 months during which the proposed Policy is to apply.

Countries of Destination	Total Turnover During Last Year	Estimated Turnover Next 12 Months	Currency Invoiced in eg. Pula, Rand USD	Terms of Payment	
				Normal	Maximum
(Private Buyers)					
(Associated Co. and Subsidiary Co.)					
(Government Buyers)					

iv) Turnover on Letters of Credit confirmed by a Bank in Botswana: Last 12 Months P _____

v) Turnover on Letters of Credit **not** confirmed by a Bank in Botswana: Last 12 Months P _____

7. FINANCIAL STATEMENTS

Kindly enclose a copy of your latest Financial Statements.

8. DECLARATION

- a) We certify that the representations made and the facts stated by us are true and correct;
- b) We agree that no statement or representation made will be binding on BECI unless confirmed in writing.

Proposer's Authorised Signature _____ Name printed _____

Capacity (Director, Member, Manager Etc.)

Dated at _____ this _____ day of _____ 19 _____