



22 St Andrews Drive
 Durban North
 Durban
 4051

Specialising in Credit Insurance since 1992

Tel: 031 564 2135 | cell: 082 452 7288 | Fax: 0866174280 | Email : patrick@kplassociates.co.za | Website: www.kplassociates.co.za

Domestic Credit Insurance Proposal Form

Registered Name: _____

Trading Name: _____

Registration Number: _____

Business Commencement Date: _____

Physical Address: _____

Postal Address: _____

Code: _____

Code: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Bank: _____

Branch: _____

Account No: _____

Name and Surname of Directors, Partners, Members, Sole Proprietor

Additional Company to be added as a Joint Assured

Registration Number:

Nature Of Business

A. Nature of Business (Please tick the appropriate box)

Manufacturer

Wholesaler

Retailer

Other

If 'Other' please specify:

B. Description of Goods / Services Rendered

C. Type of Buyers

Turnover

Financial Year End Month Year	Nett Turnover*	No. of Debtors	Normal Terms of Payment

*Excluding Government Depts & Buying Agents, Cash, Intercompany

Bad Debt History

Financial Year End Month Year	Nett Loss	Number of Losses	Largest Loss plus Name of Debtor

Outstanding Book Debt

	Date	Balance
At Last Quarter End		
At Previous Quarter End		
At Previous Quarter End		
At Previous Quarter End		

Details of Anticipated Turnover

Financial Year End Month Year	Projected Turnover	Provision for Bad Debt %	% Increase in Turnover

Principal Buyers

Name of Buyers	Years Trading Experience	Average Outstanding Balance

Credit Control

Who is responsible for credit control?
Title
Who else has authority to approve credit facilities?
Is there a written credit policy in place?
What are the standard credit terms extended to your clients?
Yes No
Do you allow extensions? If Yes, how long and under what circumstances?
When do you generate the invoice?
When do you mail the statements?
What date do you close monthly?
When do you put the account on hold?
Are your debtors computerised?
What are your procedures with regards to an overdue account?
Yes No
Are you linked to a Credit Bureau? If Yes, which one?

Broker Nomination

Should we decide to accept the quotation provided, we hereby nominate K P L & Associates to handle the policy on my behalf.

Declaration

I/We agree that the information provided in this proposal is true, includes all information known to the proposer affecting the risks to be insured, and is the basis of the proposed contract.

Signed:

Name:

Date:

Title:

Annexure A – Statutory notice in terms of Financial Advisory & Intermediary Services (FAIS) compliance

General Information

Registered Name K P L & Associates
Registration Number CK87/17604/23
FSB Licence Number 3515
Email Address patrick@kplassociates.co.za

Head Office 22 St Andrews Drive

 Durban North

 Durban 4051

 Tel: 031– 5642135 Fax: 0866 174 280 Cell: 082 452 7288
Compliance Officer: K P Lewis e mail: patrick@kplassociates.co.za

Coface South Africa Insurance Company Ltd

New Policies
12.5% of premium on all new policies under R250k; 15% of premium on policies over R 250k p.a.
Existing Policies
10% of premium in subsequent years under R250k ; 15% of premium on all policies over R 250k p.a.
Nominations
7.5% of premium on all nominations

Lombard Insurance Company

New Policies
15% of premium on all policies

Credit Guarantee Insurance Company Ltd

New Policies
10% of premium on all new policies of less than R250k; 15% of premium on policies over R250k p.a.
Existing Policies
7.5% of premium on all policies

Advice

No advice given by any representative of K P L & Associates. c.c. will be binding unless given in a written form.

Payment of Premiums

All premiums in respect of the policies must be paid directly to the underwriters involved.

Other

All forms must be completed by you and may not be completed by a representative of K P L & Associates cc.

All forms must be completed in ink

All forms must be completed in full

Keep record of all documentation given to K P L & Associates cc.

Do not misrepresent any facts that may have a bearing on any contract of insurance or claims arising from such a contract

Endeavour to obtain any oral communication confirmed in writing.

FAIS Ombudsman

P.O. Box 74571
Lynnwoodridge
0040

Customer Care Contact Centre Tel : 0860 324766
Facsimile : +27 12 348 3447