



PROPOSAL APPLICATION FORM

**TRADE CREDIT INSURANCE /  
TRADE CREDIT TAKAFUL**

For Bank's Use Only :			
NAME OF APPLICANT		ITEM	DATE
		Received	
		Acknowledgement	
FACILITY	<input type="checkbox"/> Export <input type="checkbox"/> Domestic <input type="checkbox"/> Domestic and Export	BDC	
		FIIC	
		BCC	
		BOD	

**D.EXPORTER REF. NO. :**
**CL REF. NO. :**
**PROPOSAL APPLICATION**
**1.0 PROFILE**
**1.1 APPLICANT INFORMATION**

<b>Company Name</b>			
<b>Address (for all correspondence)</b>	<b>Postcode</b>		
	<b>Country</b>		
	<b>Regn. Number</b>		
<b>Contact Name</b>	<b>Email Address</b>		
<b>Job Title</b>	<b>Telephone Number</b>		
<b>Mobile Number</b>	<b>Facsimile Number</b>		
<b>Do you have an existing credit insurance policy</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Insurer</b>
<b>Joint Applicants</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(if yes, please provide the information as per this form for all applicants-using a separate sheet if necessary)
<b>Do you have invoice discounting/factoring arrangements</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>If yes, Bank's Name?</b>
<b>Types of goods / services to be insured</b>			
<b>Nature of Business</b>	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Trader	<input type="checkbox"/> Distributor/Agent
			<input type="checkbox"/> Service Provider
<b>Special Features of your business if any?</b>	<input type="checkbox"/> Consignment Stock	<input type="checkbox"/> Work in Progress	<input type="checkbox"/> Long term contract
	<input type="checkbox"/> Binding Contract	<input type="checkbox"/> Contra Trading	<input type="checkbox"/> Made to order
	<input type="checkbox"/> Seasonal Sales	<input type="checkbox"/> Pay when paid	
	<input type="checkbox"/> Others (pls specify)		

**2.0 DIRECTORS**

Name	I.C. No./ Passport	Nationality	Position	Qualification	Profile/Working Experience (kindly use separate sheet for details)	Other Directorship	*Any "close relative" working with EXIM Bank
i.							
ii.							
iii.							

**3.0 SHAREHOLDERS**

Name	Nationality	Shareholding		*Any "close relative" working with EXIM Bank
		Amount	%	
i.				
ii.				
iii.				

*\*If a public listed company, please provide a list of ten (10) major shareholders.*
**4.0 MANAGEMENT TEAM\***

Name	I.C. No./Passport	Nationality	Qualification	Position	Profile/Working Experience (kindly use separate sheet for details)	*Any "close relative" working with EXIM Bank
i.						
ii.						
iii.						

*\*Please provide detailed resume.*

**5.0 POLITICALLY EXPOSED PERSONS (PEPS) AND/OR HIGH NET WORTH INDIVIDUALS**

Please indicate whether beneficial owner, shareholders, directors and/or management in the applicant's company is a politically exposed person and/or a high net worth individual

	Yes	No	Not Applicable	Remarks
<b>1. Foreign PEPs</b> Refers to individuals who are or who have been entrusted with prominent public functions by a foreign country. For example, Heads of State or Government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations and important political party officials.				
<b>2. Domestic PEPs</b> Domestic PEPs refers individuals who are or have been entrusted domestically with prominent public functions. For example, Heads of State or Government, senior politicians, senior government, judiciary or military officials, senior executives of state owned corporations and important political party officials.				
<b>3. Person entrusted with a prominent function by an international organisation</b> Refers to members of senior management for example, directors, deputy directors and members of the board or equivalent functions.  International organisation refers to entities established by formal political agreements between their member States that have the status of international treaties; their existence is recognised by law in their member countries; and they are not treated as residential institutional units of the countries in which they are located. Examples of international organisations include the following: i) United Nations and its affiliated international organisations; ii) regional international organisations such as the Association of Southeast Asian Nations, the Council of Europe, institutions of the European Union, the Organisation for Security and Co-operation in Europe and the Organization of American States; iii) military international organisations such as the North Atlantic Treaty Organization; and iv) economic organisations such as the World Trade Organization.				
<b>4. High net worth individual</b> Refers to individuals with net worth of not less than RM10,000,000.00.				

**Notes:**

- The requirements for PEPs are applicable to family members or close associates of all types of PEPs.
- Family members refers to are individuals who are related to a PEP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. A family member will include PEP's direct family members including spouses, children, parents and siblings.
- Close associates are individuals who are closely connected to the PEP, either socially or professionally. Close associates will include a PEP's widely-and publicly-known close business colleagues and/or personal advisors, in particular financial advisors or persons acting in a financial fiduciary capacity.
- The definition of PEPs does not cover middle ranking or more junior individuals.

**6.0 GOODS & SERVICES TAX RELATED QUESTIONS**

<b>Are You registered for GST?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>If Yes, please provide:</b>	<b>GST Registration No:</b>	<b>GST Registration Date:</b>	
<b>If You are a business entity, are You a sole proprietor?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>If Yes, is the subject matter insured for</b>	<input type="checkbox"/> Business	<input type="checkbox"/> No n Business	<input type="checkbox"/> Both

**7.0 TURNOVER**

Please state currency, if not RM:

Financial Year		Gross Turnover (RM)	% of Turnover by advance payment	%
Coming 12 months				% of Turnover by L/CS
2015	2016		% of Turnover by Inter-company	%
2014	2015		% of Turnover by DP / CAD	%
2013	2014		% of Turnover by Open Account	%
			<b>Total</b>	<b>0%</b>



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Top 10 Countries contributing to your turnover	Estimated Annual Turnover (RM) <small>(excluding direct sales to associated and subsidiary companies, Government Departments, Public Authorities and Nationalised undertakings)</small>	Estimated Maximum Outstanding (RM)	Approx No. of Buyers	Normal days Credit	No of days credit from <small>(date of dispatch, date of invoice, BL date, date of delivery, etc)</small>
<b>Total</b>	-	-	-		

**8.0 ACTIVE ACCOUNTS – DEBTOR ANALYSIS**

<b>Total Balances Outstanding at the end of last.....</b>	
<b>March:</b>	
<b>September:</b>	
<b>June:</b>	
<b>December:</b>	

As at (Date):		Amount (RM)	%
<b>Current - not yet due</b>			
<b>1 – 30 days overdue</b>			
<b>31 – 60 days overdue</b>			
<b>61 – 90 days overdue</b>			
<b>&gt; 90 days overdue</b>			
<b>TOTAL</b>		0	

Outstanding (RM)	Number of Debtors	Amount owing (RM)
Up to 5,000		
5,001 – 10,000		
10,001 – 20,000		
20,001 – 50,000		
50,001 – 100,000		
100,001 – 250,000		
250,001 – 500,000		
500,001 – 1,000,000		
1,000,001 – 5,000,000		
Above 5,000,000		
<b>TOTAL</b>		



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**9.0 ANALYSIS OF LOSSES**

<b>Did you have any bad debt in the last 3 years?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	(Additional information may be requested if necessary)		
Financial Year	Total Bad Debts (RM)	Total Recoveries (RM)	No. of Bad Debts	Name of Largest Single Buyer Defaulted	Reason for default
Current Year – 2					
Current Year – 1					
Current Year					
<b>TOTAL</b>					

**10.0 MAJOR BUYERS ON CREDIT TERMS**

Registered Name and Registration Number	Address and Country <small>(please also provide contact details if you allow us to disclose your name)</small>	Credit Limit Required (RM)	Expected Sales in coming 12 months	Overdue > 30 days in last 12 months
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
				<input type="checkbox"/> Yes
		-	-	

**11.0 YOUR CREDIT MANAGEMENT**

Do you have written contract with your buyers	<input type="checkbox"/> Yes <input type="checkbox"/> No	What is your average collection days (DSO)	
Do you hold retention of title	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is reference made to current state of accounts before a new delivery is made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you set internal credit limits on your buyers	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you obtain financials from your buyers	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many days after overdue do you normally stop further supplies	
Do you remind your buyers the dues before due date?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your accounting system computerized?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you pass accounts to third party for collection	<input type="checkbox"/> Yes <input type="checkbox"/> No

**12.0 DECLARATION**

We, including any joint applicants, declare a warrant that the information given by us on this form and any attachments, is in all respects true and accurate and that we have disclosed to you all information which might influence underwriters in calculating the premium and accepting the risk. We undertake to advise of any change to a material fact prior to completion of this insurance policy. We understand that signing this proposal form does not bind us unless an insurance policy is subsequently accepted.

Our disclosure and warranty does not limit any legal obligation or duty upon us, at common law or otherwise, to disclose to you all material facts and circumstances and to act with utmost good faith at all times. We agree that this proposal shall be accepted as being the basis of the contract between us and will form part of any Policy issued by us.

The signature below is that of an individual who is authorized to sign on behalf of the company in this capacity.

**Permission to Use Your Name**

Our efforts to provide maximum coverage on your customers are dependent on our ability to obtain financial information. EXIM Bank (as Risk Provider) may need to contact your customers to request information for coverage decisions. You allow us to disclose your name if needed when contacting a Buyer for which you have requested us to issue a credit limit.

No [We don't wish to disclose our company name.](#)

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<b>Authorised Signatory</b>		<b>Company Official Stamp</b>
<b>Name</b>		
<b>Designation</b>		
<b>Date</b>		

**HOW DID YOU GET TO KNOW EXIM BANK?**

<b>Please tick (✓) Where Applicable</b>	
Seminar/Talk/Exhibition <input type="checkbox"/>	Business Associates/Friends <input type="checkbox"/>
Media (TV, Billboard, etc.) <input type="checkbox"/>	
Others (please specify):	<input type="text"/>

**CONTACT PERSON**

Name	Direct Line	Email
Khoo Kah Jin	(603) 2601 2066	<a href="mailto:khookahjin@exim.com.my">khookahjin@exim.com.my</a>
Visualingam Veeraperumal	(603) 2601 2050	<a href="mailto:visual@exim.com.my">visual@exim.com.my</a>
Norizan Mansor	(603) 2601 2035	<a href="mailto:norizan@exim.com.my">norizan@exim.com.my</a>

Please send your submission with your supporting documents to :

**Export-Import Bank of Malaysia Berhad (357198-K)**  
Level 1, EXIM Bank  
Jalan Sultan Ismail  
50250 Kuala Lumpur  
MALAYSIA

Tel: (603) 2601 2000 Fax: (603) 2601 2454  
Website Address : [www.exim.com.my](http://www.exim.com.my)



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Name of the Insured:	
Date of information:	
Currency Used:	

Sr. No	Name of the buyer	Address	Country	Buyer (Please tick)		ONLY APPLICABLE FOR EXISTING BUYERS						Credit Limit required (Amount)	Credit Term required	Estimated sales in next 12 months
				New	Existing	Buyer Since (Year)	Terms of payment offered (Past)	Total Sales to date (Amount)	Total Outstanding (Amount)	Overdue Less than 60 days (Amount)	*Overdue more than 60 days (Amount)			

\* Note: If overdue more than 60 days, to submit the details as per attached Appendix A

Authorised Signatory		Company Official Stamp	
Name			
Designation		Date	



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**Appendix A**

<b>POLICYHOLDER TO COMPLETE IF AVAILABLE*</b>						
<b>SHIPMENT RECORD</b>						
<b>SHIPMENT</b>						
<b>Invoice No.</b>	<b>Date</b>	<b>Value (RM)</b>	<b>Terms</b>	<b>Due Date</b>	<b>Date Received (in M'sia)</b>	<b>REASON(S) FOR LATE/ NON PAYMENT*</b>