



APPLICATION FOR INSURANCE SPECIFIC TRANSACTION POLICY

1. Applicant Information

Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:	website:	
Contact person / Position:		
Legal Form:		
Paid up capital:		
Date of Establishment:		
Main shareholders:		
Name of shareholder	%	
Main activity:		
Number of employees:		
Exporting since:		
Exports for the last 12 months (USD):		

2. Buyer information

Name:		
Country:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Email:	Website:	
Legal Form:		
Paid up capital:		
Date of Establishment:		
Status (private/public):		
Main activity:		

Is the buyer the parent company of a Group:

Yes. Give the list of subsidiaries:

No

Is the buyer part of a Group:

Yes. Give the name of the Group / Holding company:

No

Is there any ownership, partnership, shareholding or financial relation(s) between your company and the buyer?

Yes. Give details:

No

Did you trade before with the buyer?

Yes.
Specify number of years:
Specify volume of sales during the last 3 years (USD):
Details related to your experience with this Buyer and in this Country:

No

3. Contract information

Description of the Project / Contract:

Details of goods / services to be supplied:

Description of goods / services	Country of origin	Local value added (%)

<p>The Contract is:</p> <p><input type="checkbox"/> Signed. Date of signature: Date of entry into force:</p> <p><input type="checkbox"/> Not signed. Expected date of signature: Expected date of entry into force:</p>
<p>Contract duration:</p>
<p>Contract value:</p>
<p>Means and of payment:</p> <p>If means of payment are ILC, please indicate the name of the issuing bank:</p>
<p>Terms of payment (days):</p> <p>Advance payment if any:</p>
<p>Financing:</p> <p><input type="checkbox"/> Buyer's resources <input type="checkbox"/> Local financing <input type="checkbox"/> External financing. Please give full details of financier(s):</p>
<p>Securities:</p> <p><input type="checkbox"/> Yes. Specify:</p> <p><input type="checkbox"/> No.</p>

4. Cover required:

<p>Is your company applying for insurance for this contract with another credit insurer?</p> <p><input type="checkbox"/> Yes. State name of credit insurer:</p> <p><input type="checkbox"/> No.</p>
<p>Period of coverage required: Amount of coverage required: Form of coverage required:</p> <p><input type="checkbox"/> Commercial risks only (bankruptcy or protracted default of a private buyer) <input type="checkbox"/> Default of Public Buyer <input type="checkbox"/> Political risks only (Confiscation, expropriation and nationalization, war and civil disturbances, currency inconvertibility and exchange transfer, breach of contract) <input type="checkbox"/> Commercial and political risks</p>

We acknowledge that:

- **Information exchanged with DHAMAN including but not limited to DHAMAN's insurance offer will be treated as confidential.**
- **Submission of this application does not bind us or DHAMAN as long as an insurance policy is not signed.**
- **This application form will be used to obtain a Non-Binding Indication only from DHAMAN. If a policy is issued, this application will be an integral part of the insurance contract.**

We certify that the information provided in this application is true to the best of our knowledge and belief, and that no material facts that may influence DHAMAN's assessment of the risk have been omitted or withheld.

Except as may be permitted in accordance with the terms and conditions of any policy issued by DHAMAN, we undertake not to disclose to any third party, other than our own professional and/or financial advisers on a strictly confidential basis or as otherwise required by law and/or regulation, the existence of any policy that may be issued.

Date _____

Signature _____

Name _____

Title _____

Company _____

Please attach the following documents along with the application:

- Copy of your commercial registration;
- Your audited financials for the last three years;
- All relevant information on your company;
- The audited financials of the buyer for the last three years;
- Copy or draft of the contract to be insured.