

CREDIT LIMIT APPLICATION

For ECIC Use Only

Rec'd on

Officer



Hong Kong Export Credit Insurance Corporation
香港出口信用保險局

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Part A

Policyholder's Name [#] :		Policy No. [#] :	
Policyholder's Contact Person [#] :		Policyholder's Telephone No. [#] :	
Policyholder's Email Address:			

FOR APPLICATION FOR COVER ON SALES TO LOCAL EXPORTER ONLY

Will the goods to be sold to the Hong Kong exporter be exported? [#] Yes (Destination: _____) No

Are you holding credit limit for this buyer? [#]
 Yes (Buyer Code: _____)
 No

Buyer Name [#] (In English):		Buyer Name (中文名稱):	
Buyer's Address [#] (In English):		Buyer's Address (中文地址):	
Registration No. (if any):			
Amount of Credit Limit Applied for [#] :	HKD _____	Goods Involved [#] :	
Terms of Payment [#] :	DP / DA / OA* _____ days		

Part B

(1) Is this your new buyer? [#] Yes
 No (Please complete Questions 2, 3 & 4)

(2) How long have you been trading with this buyer?
 No. of years: _____

(3) What were the amount and terms of payment of the shipments you made in the last 12 months?
 HKD _____ on ILC / payment in advance*
 HKD _____ on DP / DA / OA* terms

(4) Do you have any shipments overdue for more than 60 days from this Buyer (or more than 30 days if it is a Hong Kong buyer)? [#]
 Yes (Please specify the details below)
 No

Shipment Date (YYYY-MM-DD)	Amount (HKD)	Terms of Payment	Due Date (YYYY-MM-DD)

Remarks (if any): _____

Part C

(1) Do you have any orders confirmed/under negotiation* with the buyer? [#] Yes (Please complete Questions 2 & 3)
 No

(2) What are the amount and terms of payment of the orders?
 Amount: HKD _____
 Terms of Payment : DP / DA / OA / ILC / payment in advance*
 Tenor: _____ day(s)

(3) When will the shipments commence?
 Year / Month: _____

Remarks (if any): _____

<p>Notes</p> <p>(1) [#]Indicates required fields.</p> <p>(2) *Delete whichever is not applicable.</p> <p>(3) This Credit Limit Application form is applicable to Comprehensive Cover Policy (CCP).</p>	<p>POLICYHOLDER'S DECLARATION</p> <p>We declare that the information given in this application is to the best of our knowledge complete, true and correct.</p>
	Name & Capacity of Signatory
	Authorized Signature with Company Chop
	Date of Signature

