



科法斯集團 - COFACE CREDIT INSURANCE 信用保險投保表格

PROPOSAL FORM 投保公司基本資料

(Please fill in all the information in English. 所有資料請以英文填寫)

Co. Name 公司名稱 :

Co. Registration No. 公司註冊編號 :

Address 地址 :

Part of group, foreign and associated companies:

本地或海外關係企業 :

Remarks: Separate proposal form is required for application of extended party coverage for any associated companies. 如欲申請其他關連公司為共同被保公司,請另填投保表格

Contact Person 聯絡人 :

Phone No. 電話 :

Job Title 職稱 :

Fax 傳真 :

E-mail 電子郵件 :

Have you any credit insurance/ factoring contracts

* Yes 有 / No 沒有

In force 承保中

*Yes 是/No 否

Terminate 已終止

*Yes 是/No 否

是否曾使用信用保險/應收帳款承購契約 :

Expiry 到期日

Expiry 到期日

Insurer/Factor 目前的信用保險/應收帳款承購公司 :

BUSINESS DESCRIPTION 業務範疇說明

Scope of business

業務範疇

生產廠商
 Manufacturer
 分銷商
 Distributor
 代理
 Agent

% of insurable T/O (佔整體投保營業額比例) Buyer Segment and % 該產品的買方產業或產品市場及其比例 (eg. Buyer segment of Power chokes – mobile phones 50%, notebook 50% 例如: 電阻器的買方產業 - 手機 50%, 筆記型電腦 50%)

Type of product/service insured

具體產品描述

ANNUAL TURNOVER EXPERIENCE 以往營業額銷售狀況

Financial Year End 會計年度	Credit Sales	Cash sales / LCs	Inter-company sales	Total Turnover 營業額
Month 月份 Year 年份	信用銷售額	現金及信用狀交易	關係企業交易	Amount 金額 (幣別:)
Forecast next 12 mths* 預計未來十二個月的營業額*				

Forecasted Insurable Turnover
 投保營業額 :

Is 'retention of title' included in sales agreements?
 銷售契約中是否有保留物權的條款?

* Yes 是 / No 否

*if the forecasted insurable turnover does not equal to the total amount of ANNUAL CREDIT SALES, please specify the reason behind

若預估投保營業額與全年信用銷售額不符,請說明原因。

In addition to credit sales, do you offer other payment terms to buyers? 是否接受買方其他付款方式?

* Yes 是 / No 否

If yes, please list them in detail (contra/bank draft/ invoice discounting/cash advance etc) 如果是,請詳列(如接受買方以銀行匯票、發票貼現、或要求預付現金方式繳付貸款)

ANALYSIS OF CREDIT SALES TURNOVER 信用銷售分析

Country 國家	Turnover per country 以國家計算之營業額 (請註明幣別)					
	Private buyers 民營企業			Non-private buyers 國營企業 ^		
	Amount 營業額	No. of buyers 買方家數	Credit terms 信用還款期	Amount 營業額	No. of buyers 買方家數	Credit terms 信用還款期

^ Example of non-private buyers: state or government backed companies
 ^ 國營企業之例子: 由國家或政府持有的公司

* Delete whichever is not appropriate
 * 請刪除不適用項目



DEBTOR & AGING ANALYSIS 買方及帳齡分析

Debtors Analysis as at (dd/mm/yy) 截至(日/月/年) 買方分析

Please state your currency (幣別)

Average DSO (past 12 months)
平均帳款回收天數 (過去12個月)

days 日

(幣別)	No. debtors 債務人家數	A/R Outstanding 應收帳款餘額	Current 未到期應收帳款餘額	1 - 30 days 逾期1-30天	31 - 60 days 逾期31-60天	61 - 90 days 逾期61-90天	91 - 120 days 逾期91-120天	>120 days 逾期超過120天
>10,000,000								
5,000,001 - 10,000,000								
2,500,001 - 5,000,000								
1,000,001 - 2,500,000								
500,001 - 1,000,000								
250,001 - 500,000								
100,001 - 250,000								
50,001 - 100,000								
25,001 - 50,000								
< 25,000								
Total 總額								

ANALYSIS OF BAD DEBT EXPERIENCE 壞帳分析

Are there any bad debts for the last 3 years? (incl.this year)
過去3年是否有壞帳記錄(含今年)

* Yes 是 / No 否

If yes, please fill the details below 如果是，請填寫下列表格

Year 年份 (n)	Bad debt (Currency:) 壞帳金額 (幣別:)	Recovery 已追回金額	Largest single loss 最大單筆損失	No. of debts 債務人家數
(n)				
(n-1)				
(n-2)				

Details of LARGEST THREE BAD DEBT over the past three years 過去3年內3筆最大壞帳明細：

Year 年份	Country 國家	Debtors (Name and Address) 債務人(姓名及地址)	Date of Invoice 開發票日	Due Date 到期日	Reason 壞帳原因	Amount of Loss 損失金額
(n)						
(n-1)						
(n-2)						

CREDIT MANAGEMENT 信用管理政策

Is there any credit control procedure in the company?
是否有信用風險控制管理？

* Yes 是 / No 否

Name of person-in-charge 信用管理負責人姓名：

Title 職稱：

Please list the type of information required and the general action guidelines that you would use when you undertake the following credit tasks, see example as follows :
請於下列信用管理事項填寫所需的資訊及因應措施或方案，舉例如下。

Information 資訊	Action Guidelines 因應措施或方案
Increase/reduce credit limit to existing buyers 提高或降低現有買方信用額度	Overdue for more than 60 days 帳款逾期超過60天
Determine credit limit to new buyers 授予新買方信用額度	No credit granted for next order and request bank draft 下次出貨時，取消信用額度並要求銀行匯票
Increase/reduce credit limit to existing buyers 提高或降低現有買方信用額度	
Change in payment terms 變更付款條款	
Decide course of action to take in overdue situation 發生逾期時對需採取措施的決策過程	

How often do you review the creditworthiness of the debtors ?
多久審核一次買方信用額度？

days 日

How often are debtor aging reports generated and reviewed? 多久檢視一次帳齡分析表？

days 日

Please fill in the no. of days after invoice due date that you will perform the following actions.
請填寫發票到期多少天後您會採取以下措施。

remind in writing 書面提醒

days 日

stop shipment 停止出貨

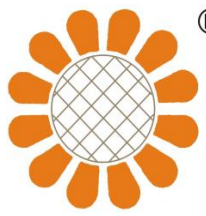
days 日

instruct collection agency 通知催收公司

days 日

undertake legal action 採取法律行動

days 日



CREDIT SALES PRINCIPAL BUYERS (excluding inter-company sales)

以信用銷售方式結算的主要買方 (不包括關係企業交易)

Please fill in attached 'Buyer List'
 請填寫附件「買方明細」表格

APPLICANT'S DECLARATION 投保申請人聲明

I, the undersigned and any joint applicants, declare and warrant that the information and all attached documents provided herein to **COMPAGNIE FRANÇAISE D'ASSURANCE POUR LE COMMERCE EXTÉRIEUR, BRANCH IN HONG KONG (Coface)** is true and correct.

本人及其他聯合申請人聲明並保證在此提供予科法斯集團香港分行(科法斯)的資訊及所附相關文件均真實正確。

We undertake to make full disclosure of all material facts and circumstances in good faith where Coface could rely thereon.

我們承諾確實充分地披露所有重要事實及事項。

We acknowledge that all information disclosed to Coface would be used entirely by Coface's discretion and purpose necessary for Coface's effective risk assessment.

我們同意所有披露的資訊將完全由科法斯集團自行斟酌並用於有效評估風險之目的。

We have read and understand Coface's Credit Insurance clause and extensions (including the Exclusions and the applicant's or insured's Obligations).

我們聲明對科法斯信用保險條款及附加條款(包括責任免除和投保人及被保險人義務部份)的內容及說明已充分了解。

Our disclosure and warranty does not disclaim Coface's right or any liability against us. We acknowledge and agree that this application form will be binding and accepted as part of the contract, in addition to any other documents issued to us, upon the inception of the policy. 我們對資訊的披露及保證不會免除科法斯對本公司的權利或義務。我們承認並同意於保單生效後，此保險詢問表具有約束力，並連同其他簽發的文件共同作為合約的一部分。

APPLICANT'S ACKNOWLEDGEMENT OF BROKER ARRANGEMENT 投保申請人對有關保險經紀安排確認聲明

I, the undersigned and any joint applicants, understand, acknowledge and agree that, as a result of the purchasing and taking up the policy to be issued by **COMPAGNIE FRANÇAISE D'ASSURANCE POUR LE COMMERCE EXTÉRIEUR, BRANCH IN HONG KONG (Coface)**, Coface will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorized person who signs on behalf of the applicant further confirms to Coface that he or she is authorized to do so.

The applicant further understands that the above agreement is necessary for Coface to proceed with the application.

本人及其他聯合申請人明白、確知及同意，科法斯會就申請人購買及接受其簽發的保單，於保單有效期內(包括續保期)向負責安排有關保單的獲授保險經紀支付佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向科法斯確認他/她已獲該法人團體授權。

申請人亦明白科法斯必須取得申請人以上的同意，才可以處理其保險申請。

DATA PROTECTION 資料保護聲明

1. Personal data provided by you under this questionnaire will be used to manage your application and, as the case may be, for the needs of the management of your credit insurance contract. They may be transferred for these purposes to Coface, its affiliates or CreditAlliance partners.

1. 投保申請人根據本保險詢問表提供的個人資料將被用於投保申請的管理，以及根據實際需求也可能用於信用保險合約的管理。這些個人資料因為這些用途可能會被翻譯或轉至科法斯及其相關企業或國際信用機構聯盟成員。

2. You will be entitled to ask us for information on your personal data, on the purpose of their processing and on the recipients or categories of recipients. You will have the right to ask for modification, erasure or blocking of data which are inaccurate or incomplete or to object to their processing on compelling legitimate grounds, by contracting our service in charge of personal data protection at coface@coface.com.hk or (852) 2585 9188.

2. 投保申請人有權索取有關其個人資料的資訊，以了解資料處理的目的以及資料接收人或接收人類別。投保人有權要求修改、刪除不確實或不完整的資料，阻止這些資料的提供，或在合理合法的基礎上拒絕對資料進行處理。投保人可發送電子郵件至 coface@coface.com.hk 或致電 (852) 2585 9188 洽詢資料保護相關人員，進行上述操作。

3. Coface may use personal data provided by you for marketing reasons, for example to inform you about our new products or those of our affiliates and about any changes to the existing products. The signature of this questionnaire shall entail your consent to this use. However, if you do not want to be contacted by us, please tick the following box.

3. 科法斯可能將投保申請人提供的個人資料用於行銷推廣，如發送有關科法斯新產品或其關係企業訊息，以及現有產品變更的訊息。在本保險詢問表上簽署，將視為對個人資料於此用途的認可。若投保人不同意個人資料用於行銷推廣，請於後面的 中打勾。

4. Please note that you will have at any moment the right to object to the use of your personal data for marketing reasons by contacting the service referred to in Point (2) above.

4. 投保申請人有權隨時根據第二點中的聯繫方式聯絡相關服務人員，拒絕將個人資料用於行銷推廣用途。

Name:
 填表人姓名：

Title:
 職稱：

Date:
 日期：

*the proposal form must be signed and stamped
 簽名及公司章：

Remarks:(補充說明):

The latest financial statement has to be provided for proceeding forward 請附上最近期的財務報表