

QUESTIONNAIRE - SINGLE BUYER RISK SBR UK 07/18

Please complete all sections using BLOCK CAPITALS and continue on a separate sheet if required.

As this Questionnaire forms part of the contract that is issued please do not leave any questions unanswered.

Once you have completed this form please send to: Client Services, Coface, Egale 1, 80 St Albans Road, Watford, WD17 1RP
Telephone: 0800 085 6848 Fax: +44(0)1923 659094 Email: clientservices@coface.com

1 GENERAL INFORMATION

1.1	Company name	
1.2	Registered address	
	Postcode	
1.3	Trading address for all correspondence (if different from above)	
	Postcode	
	Telephone number	
	Fax number	
1.4	Company registration number	
	VAT number	
1.5	Primary contact name	
	Position within company	
	Telephone number	
	Email address	
1.6	Number of employees	
1.7	If you wish us to consider adding a subsidiary or associate company to your contract, please provide details.	Company name 1
		Company registration number
		Company name 2
		Company registration number
	Please confirm the administrative address for each company, if different to 1.3	Company 1
		Company 2

Note: Please note that you should include these companies when completing the remainder of this questionnaire.

1.8	Is this company part of a group?	Yes	No
	Please provide details of the main/parent company:	Company Name	
		Registration Number	
		Country	
1.9	Have you ever had a credit insurance policy cancelled or renewal refused by an insurer? If yes, please give details:	Yes	Details
		No	
1.10	Do you currently have any credit insurance, factoring, invoice discounting or trade finance facilities? If yes, please give details. If not, this application will be taken as your undertaking to notify us promptly of your intention to take out factoring, invoice discounting or trade finance facilities:	Yes	Details
		No	

2 NATURE OF BUSINESS

2.1	Type of goods/services sold. (Please provide a detailed description of your trade)	
2.2	To what trade sectors are they sold?	
2.3	Please state the currency in which this form is completed. This will be the currency that your policy will be issued in.	

3 DEBTOR INFORMATION

3.1	Company name	
3.2	Registered address	
	Postcode	
3.3	Company registration number	
	VAT number	
3.4	Estimated insurable turnover for the next 12 months with this debtor (currency & value).	

4 RETENTION OF TITLE

4.1	Do you always act in the capacity of contractual principal, i.e. a party to the contract who is legally entitled to take recovery action? If no, please confirm in what capacity you act and in what circumstance	Yes	No
-----	--	-----	----

Note: You are required, where applicable, to take all practicable measures to exercise your Retention of Title clause in every case.

4.2(a)	Do you have an 'all monies' retention of title clause in your terms and conditions of sale?	Yes	No
4.2(b)	Do you incorporate those conditions into every contract of sale with your customer?	Yes	No
	If you have answered no to 4.2(a) or 4.2(b), explain why.		
4.3	Do you have any customers in Germany, Belgium or the Netherlands?	Yes	No

Note: If you have answered yes to 4.2 (b) please note that Coface is only prepared to insure risk of non-payment of debts under contracts into which your retention of title clause has been incorporated.
If you have answered yes to 4.2(b) please note that it is a condition of our cover that your sales contract shall include a basic retention of title cover and its extended forms, namely processing extension and assignment in accordance with the laws of your customer's country.

4.4	IDENTIFICATION Please confirm by what means you would be able to identify goods supplied to your customer as your goods (e.g. bar codes, packaging, serial numbers):	
-----	---	--

