



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:	te: 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
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

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?	Yes No
	If no, please confirm in what capacity you act and in what circumstance	
Note:	e: 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):	

5	CREDIT CONTROL PROCEDURES	
5.1	Is your credit control (both domestic and export functions) centralised at your trading address? If not, please provide details.	
5.2	What are your normal contractual terms of payment? Please be specific i.e. 30 days from invoice date, 30 days from end of month, etc?	
5.3	What proof of delivery/completion of a service do you obtain?	
5.4	Under what circumstances do you not obtain the Relevant proof of delivery/completion of a service?	
5.5	How many days after the goods are delivered or services performed do you issue the invoice?	
5.6	Are customers' orders obtained verbally or in writing? If verbally please confirm whether you issue written acceptance.	
5.7	What action will you take if an order will exceed the agreed credit limit?	
6	COLLECTION PROCEDURES	
6.1	Do you contact your debtor before the due date to remind them that payment is due?	Yes No
	If so, how many days in advance?	
6.2	What do you classify as an overdue account? (e.g. 60 days past due date, etc)	
6.3	What action do you take if an account is overdue? (a) On receipt of an order?	
	(b) Prior to delivery of an order?	
6.4	How often are overdue accounts reviewed?	
6.5	How many days after the due date do you chase your debtor	
6.6	How is this done?	

6.7	If payment is not received, what procedures do you then follow?	
6.8	At what point do you put an account on 'stop'?	
6.9	How are all departments in your business made aware that an account is on 'stop'?	
6.10	Do you use any collection agencies/solicitors? If so, please provide full details.	Yes Details:
		NO

7 DECLARATION

I declare that to the best of my knowledge and belief, the above statements are true and complete and that no information has been withheld that might influence the acceptance of this Questionnaire, I undertake to notify Coface as soon as possible, and before Coface issues a contract, of any substantial change in the above information (particularly in the nature or scope of the Company's activities or in its legal status) or any event likely to lead to a loss which would be covered by the contract or any other material fact which might influence Coface in deciding whether or not to accept the risk, what terms should be applied or what contract payments should be charged. I understand that any misrepresentation or withholding of material information could give Coface the right to decline a claim or cancel a contract.

In addition and independently of the declaration immediately above, I agree that this completed Questionnaire fairly presents the relevant risks associated with insurance cover and discloses all material information / circumstances to enable us, as a prudent insurer, to establish that we have the requisite information or gives us notice that further enquiry is requested to understand the material information / circumstances. I accept the terms and conditions within the contract and accept that this Questionnaire will form part of any contract that is issued. I accept that the contract will not be in force unless, and until, confirmed in writing by Coface.

Authorised signature	
Date	
Full name in capitals	
For and on behalf of	
Capacity within the business (Director, Manager, Partner)	

DATA PROTECTION NOTICE

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For Ireland This privacy notice applies to Compagnie Française d'Assurance pour le Commerce Extérieur, branch in Ireland and Coface Ireland Services Ltd, of Office Suite 5, Adelphi House, Upper Georges Street, Dun Laoghaire, Co Dublin, A96 AF43

The privacy policy sets out the basis on which any personal data we collect from you or that you provide to us, will be processed by us for regulatory purposes and for the needs of credit assessment, credit management, credit insurance, reinsurance, information, debt collection, marketing and prospecting and financing activities.

For the full privacy notice or to exercise you right of access to your personal data, please write to The Data Controller, Coface, Egale 1, 80 St Albans Road, Watford, WD17 1RP. Any access request may be subject to the legally permitted fee.

The full privacy notice is available on our website: http://www.cofaceuk.com/About-Coface/Coface-in-the-UK-Ireland/Data-Protection

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