

## TRADE CREDIT REQUEST TO QUOTE – DEBTOR DETAILS

Please return this completed form on each debtor and all required supporting documentation to [tradecredit@hollard.co.za](mailto:tradecredit@hollard.co.za).  
We will provide a quotation within 3 - 5 working days (Domestic policies) and 10 working days (Export policies).

Note: This is an electronically editable PDF document allowing for ease of completion.

### 1. BROKER DETAILS

Broker name \_\_\_\_\_

### 2. DEBTOR DETAILS REQUIRED

Credit limit required R \_\_\_\_\_

Credit terms required \_\_\_\_\_

Legal entity \_\_\_\_\_

Trading name \_\_\_\_\_

Registration number \_\_\_\_\_ VAT number (if applicable) \_\_\_\_\_

Physical address \_\_\_\_\_

Accounts department Contact name \_\_\_\_\_

contact details Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Banking details Name \_\_\_\_\_

Bank name \_\_\_\_\_

Branch \_\_\_\_\_ Account no. \_\_\_\_\_

### 3. TRADE REFERENCES

Trade reference 1 Entity \_\_\_\_\_

Contact name \_\_\_\_\_ Contact number \_\_\_\_\_

Trade reference 2 Entity \_\_\_\_\_

Contact name \_\_\_\_\_ Contact number \_\_\_\_\_

Trade reference 3 Entity \_\_\_\_\_

Contact name \_\_\_\_\_ Contact number \_\_\_\_\_

### 4. FURTHER DETAILS REQUIRED

Has your debtor ever had a credit insurance policy cancelled or refused cover by an insurer Yes No

If Yes, provide reason \_\_\_\_\_

Any other relevant adverse information that you are aware of \_\_\_\_\_

Do you have consent from your debtor to conduct this review Yes No

May Hollard disclose who the intended insured is Yes No

If Yes, insured's registered name \_\_\_\_\_

Required information:	
<b>Domestic debtors:</b> Domiciled in South Africa, Namibia and Botswana	
Credit application form [for all limits]	
Where a credit application form is not available, a fully completed Request to Quote – Debtor Details form will be required	
Signed Annual Financial Statements [for limits over R400,000]	
Updated Management Accounts [for limits over R400,000]	
Three months bank statements [ONLY if you bank with Citibank or Investec]	
<b>Export debtors:</b> Domiciled outside of South Africa, Namibia and Botswana	
Credit application form [for all limits]	
Where a credit application form is not available, a fully completed Request to Quote – Debtor Details form will be required	
Signed Annual Financial Statements [for all limits]	
Updated Management Accounts [for all limits if the AFS are more than 6 months old]	
Hollard reserves the right to request further information in order to underwrite a buyer appropriately	

Should you not have the required information please provide the contact details from whom Hollard may request them:

Contact person \_\_\_\_\_  
 Contact number \_\_\_\_\_  
 Email address \_\_\_\_\_

Please note that an underwriting review will only commence once all required supplementary documentation has been received.

## 5. CLIENT DECLARATION, DATA PROTECTION AND SIGNATURES

We acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers and third parties is in the public interest as it enables insurers to underwrite policies, assess risks fairly, to reduce the incidence of fraudulent claims with a view to limiting premiums and to conduct surveys. On our behalf and on the behalf of any person we represent herein, we hereby waive our rights to privacy with regard to underwriting or claims information (including credit information) that we provide or that is provided by another person on our behalf in respect of any insurance policy or claim made or lodged by me. We acknowledge that the insurance information provided by us may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of our policy or the meeting of any claims we may submit. We consent to such information being processed and disclosed to any other insurance company or its third parties. We acknowledge that the information may be verified against legally recognised sources or databases. We agree that this proposal shall be the basis of the contract between Hollard and ourselves. We will accept Hollard's standard policy. We understand that this insurance will not commence until this proposal has been accepted by Hollard. If you are unable to sign this declaration without qualification, please give your reasons here:

\_\_\_\_\_  
 \_\_\_\_\_

We declare that to the best of our knowledge/belief, the statements and particulars given in this form are true and complete and that no material facts that are likely to influence the acceptance and assessment of your insurance have been withheld. If you are in any doubt as to whether a fact is material, you should disclose it. This means that The Hollard Insurance Company Ltd has been made aware of all important information and that any incorrect information may mean that the policy will be cancelled or voided, and any claim submitted to us would then not be dealt with.

Authorised signature \_\_\_\_\_ Date \_\_\_\_\_  
 Full name \_\_\_\_\_ Designation \_\_\_\_\_

It is recommended that you keep a copy of this application form and all other information supplied for record purposes.