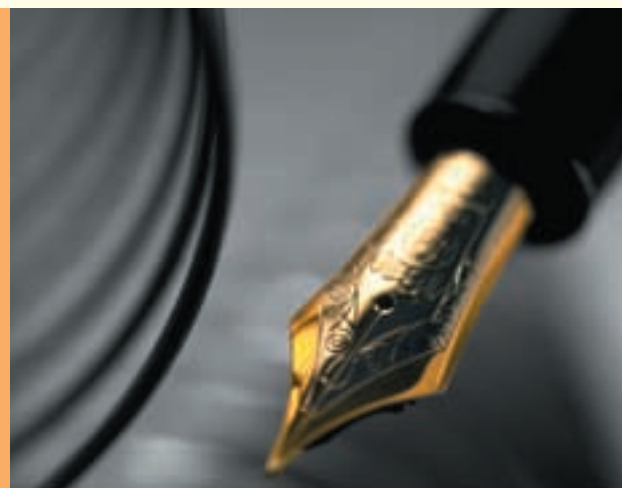


Application form

C r e d i t - i n s u r a n c e



Details of the company

Company name:

.....

Address:

.....

Registered office:

.....

Correspondence address:

.....

Tel.n°:

Faxn°:

IDF-n° [1]:

.....

Bank references:

.....

Professional association: Yes No

.....

If yes, name:

.....

Linked parent companies (sister companies, branches, etc.) [2]:

.....

Do you belong to a concern? Yes No

.....

If yes, name [3]:

.....

Are other linked companies of your group credit insured? Yes No

.....

[1] VAT-n°, SIRET-n°, KvK-n° ...

[2] If your linked companies have to be insured as well, please fill out separate questionnaire forms for each company.

[3] Please enclose an organisation chart of the different companies of the group.

Activity

If necessary, please enclose copies for every section.

1. Activity of your company:

- Production
- Service company
- Building company
- Trader
- Trading company
- Construction
- Agent
- Other:

Exact description of the activity:

2. Activity of your clients:

.....

Analysis of debtors

Division of debtor's balance

| Outstanding balance | Amount | Number of debtors |
|-----------------------|--------|-------------------|
| 0 - 3.100 Euro | | |
| 3.100 - 6.200 Euro | | |
| 6.200 - 12.400 Euro | | |
| 12.400 - 24.800 Euro | | |
| 24.800 - 49.600 Euro | | |
| 49.600 - 124.000 Euro | | |
| → 124.000 Euro | | |

Highest outstanding individual debtor's balance (date.....) :

If necessary, please enclose copies for every section.

Management

How do you currently manage your debtor portfolio?

- Credit information
- Debt collection
- Credit insurance
- Factoring

Pre-shipment risk

How long is the period as of the acceptance of the order until the goods are delivered or until you have finished your activities?

Maximum number of weeks:

.....

Average number of weeks:

.....

Do you confirm the orders in writing? Yes No

.....

Declaration

The applicant certifies that the above information is sincere, complete and reflects the exact situation at the moment of signature. No information, which could be considered important for the insurance company, has been omitted. This questionnaire is at the base of a possible agreement with the insurance company and will be part of the policy.

The completion and signing of this form does not involve an obligation to sign an insurance policy.

, the

(Stamp and signature)

.....