EXAMPLE SUPERIORS IN CONTRACT STATE STAT							
Application for Short – Term Export Credit Insurance							
EXIMFLEXI EXIM sMart Msurance EXIM4SMEs EXIMSURE							
	Company	and Busines	s Details				
Company Name (In Thai)							
Company Name (In English)							
Office Address							
Telephone Fax Contact Person							
Factory Address/ Branch							
Business Type Manufac	turer and exporter	E	xporter	Others			
(Please specify your goods)		
Sale proportion Domesti	с%	E	xport	.%			
Total export amount (Excluding exp	ort of consigned go	ods and/or e	exports to affilia	ated companie	s)		
Period			Export Amour	nt (Baht)			
	Advance pay	Advance payment, L/C D/P, D/A, O/A			5 Total		
During the past 12 months (From							
For the next 12 months (estimatio	n)						
(From)							
Proportion of credit Terms for each	payment term						
Payment Term -			Credit Tern	าร			
	ess than 30 days	31-60 days	61-90 days	91-120 days	More than 120 days		
Non L/C (D/P, D/A และ O/A)							
Have you ever used the Export Credit Insurance service?							
If Yes, 1) Please specify Currently use Used before but already cancelled Policy							
because 2) Please specify your latest insurer							
Co-insured (If any)							
(In case of co-insureds, the Application for Export Credit Insurance must be filled separately for each co-insured)							
ธนาคารเพื่อการส่งออกและนำเข้าแห่งประเทศไทย อาคารเอ็กซิม เลขที่ 1193 ถนนพหลโยธิน พญาไท กรุงเทพฯ 10400 โทร. 02-271-3700, 02-278-0047, 02-617-2111 EXPORT – IMPORT BANK OF THAILAND EXIM BUILING, 1193 PHAHOLYOTHIN RD., PHAYATHAI, BANGKOK 10400, THAILAND TEL. 02-271-3700, 02-278-0047, 02-617-2111							
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Additional Details for Export Credit Insurance Application							
nsured Goods Details							
Insured Goods	•••••		••••••	•••••			
Insured Goods Category							
General goods which can be sold to any buyers Customised products							
Perishable goods (Aged less than 6 months)							
Proportion of goods with brand							
No brand% The buyer's brand% Your brand%							
Brand Appearance (I	f any)						
Stamped on pr	roduct	Stamped c	on packag	e	On sti	cker/label	
Others (Please	specify)						
Product Shelf Life							
More than 1 ye	ear [Less than 2	1 year (Ple	ease specify	number of m	onths)	
] Manufacturing propo	ortion						
Self-manufactu	uring	% Sul	bcontract	manufacturin	g%		
Trader, with an	OEM agree	ment 100%					
Have you obtained a	any certifica	ates that guarar	ntee proc	luct quality	or Methods	for quality control of	
manufacturing proce	ess of finish	ed goods/ and	OEM sup	pliers?			
No, because							
Yes (If any)							
<u>xport Information</u>							
Total number of buy	vers and in	sured amount o	rategorise	ed by navm	ent terms		
Payment Te		Number of E	•		mount (Millic	n Baht)	
L/C							
Non L/C (D/P, D/A and	d O/A)						
Total							
Total Longest payment ter L/C		sured		L			
Longest payment ter L/C	days	sured day	ys	L			
Longest payment ter	days /A and O/A)		ys				
Longest payment ter L/C Non L/C (D/P, D/ Export channel and	days /A and O/A)			uthorised	Others		
Longest payment ter L/C	days /A and O/A) proportion	day	Via Au	uthorised ealer	Others		
Longest payment ter L/C Non L/C (D/P, D/ Export channel and	days /A and O/A) proportion Direct	day Via	Via Au		Others		



Additional Details for Export Credit Insurance Application (Continuation)

Export amount to be insured for the Top 10 Countries (Excluding export of consigned goods and/or exports to

affiliated companies and/or export amount under L/C and Advance payment)

Export Country	Export Amount to be insured	Maximum Payment	Number of
Export Country	(Baht)	Term (Day)	Buyers
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
Total			

Export amount to be insured for Top 10 Buyers/ Buyer's Banks (Excluding export of consigned goods and/or exports to affiliated companies and/or export amount under L/C and Advance payment)

	Country of		Export Amount (Baht)		
Name of Buyers/ Buyer's Banks	Buyers/ Buyer's Bank	Payment Term	During the past 12 months (From)	For the next 12 months (From)	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
		Total			

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Risk Management Details										
_	Do you have a procedure to set the maximum trade credit for buyer/ buyer's bank? Yes No As of (Date)									
				Balance (Baht)					В	alance (Baht)
	Not	yet due				Ov	Overdue for 61 – 90 days			
	Ove	rdue for	1 – 30 days			Ov	verdue for 91 days	s – 1 year		
	Ove	rdue for	31 – 60 days			Ov yea	verdue for more th ar	nan 1		
	Actions taken for export buyers/ buyer's bank with overdue balance, details as follows:									
				Number of Days		Authorised per		son	on	
				(From due date)		(Specify the position)				
	Stop Shipment									
	Pursuing Payment									
		king legal a ing Lawsui	actions (such as ts)							
Bad debt history from export (Including the bad debt that has been compensated)					ne	Yes	; (Please specify)			
1	٩٥.	Year of Bad Debt	Buyers' Name	Buyer's Country	Bad Del Amoun (Specify t currenc	t the	Cause of Bad Debt	Compensa Bad Deb Amoun (Specify t currency	ot t :he	Source of Compensation

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Pledge of the Insured

- 1. I hereby certify that the information stated on this Application for Short Term Export Credit Insurance and on other documents and/or evidences handed to the Export-Import Bank of Thailand (EXIM BANK) are the most recent documents and that the information on every documents is true. In case it has become evident that the certificates, guarantees, pledges or other documents handed to the EXIM BANK are proved to not be the most recent or to be a falsified, I assume full responsibility for any damage caused to the EXIM BANK.
- 2. In case there is a change in the information, documents and/or evidences handed to the EXIM BANK, I agree to notify the EXIM BANK in written form and to submit the new documents and/or evidences to the EXIM BANK immediately.
- 3. I accept and acknowledge that the approval of export credit insurance is at the sole discretion of the EXIM BANK and that I will accept the EXIM BANK's final decision without argument.
- 4. After the EXIM BANK has approved of the export credit insurance, I agree to submit any related documents and/or evidences determined by the EXIM BANK and I also agree to be bound by the terms and conditions of the export credit insurance policy and the related documents.

	(Company Name)
	(Authorised person)
()
Signature and c	ompany seal of the insured
Position	
Date	
Opinion of the EXIM BANK o	fficer
Name	
Date	
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