| 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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| | | | | | 1 | | |

| HAILAND | ธนาการเพื่อการส่งออกและนำเข้าแห่งประเทศไทย THAILAND EXPORT-IMPORT BANK OF THAILAND | | | | | | |
|---|---|---------------------|-------------|--------------------|---------------|------------------------|--|
| 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 | |
| ธนาคารเพื่อการส่งออกและนำเข้าแห่งประเทศไทย อาคารเอ็กซิม เลขที่ 1193 ถนนพหลโยธิน พญาไท กรุงเทพฯ 10400 โทร. 02 EXPORT – IMPORT BANK OF THAILAND EXIM BUILING, 1193 PHAHOLYOTHIN RD., PHAYATHAI, BANGKOK 10400, ` | |
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