The Islamic Corporation for the Insurance of Investment and Export Credit

SPECIFIC TRANSACTION POLICY

APPLICATION FORM
Dear Sirs,

We hereby request the Islamic Corporation for the Insurance of Investment and Export Credit to issue in our name, an insurance Policy (Specific Transaction Policy\(^1\)) a specimen of which we have read and accepted.

**DETAILS OF APPLICANT**

Name and address of the Applicant:________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Country:________________________ Tel:________________________ Fax:___________________________
Contact person:____________________ Position:____________________________
Website:________________________ Email:______________________________
Date of establishment:_____________ Paid up capital (US$):_______________
Legal status:______________________ Number of employees:________________
Exporting since:_______________ Exports for last 12 Months: US$_______________
Percentage of Exports in your total Sales:__________% 
Percentage of participation of shareholders from member countries:___________%   

The main shareholders:

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<th>Nationality</th>
<th>% of subscription</th>
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General description of the activities of your company (please use additional paper, if needed)
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

- Are you the parent company of a Group? : Yes ☐ Give list of your subsidiaries\(^2\)  
  No ☐

- Are you part of a Group? :   
  Yes ☐ Name of the Group: _____________  
  No ☐

\(^1\) Visit our website [http://www.iciec.com](http://www.iciec.com) or request a copy from ICIEC Tel: (+966-12) 6467608 Fax: 6443447.

\(^2\) Please use additional papers if needed.
- Are you covering your exports with any other Export Credit Insurer?
  - Yes □ Please provide details
  - No □

- Did you obtain any such cover before?
  - Yes □ Please provide details
  - No □

- Are you in a process of obtaining cover for this transaction from another Export Credit Insurer?
  - Yes □ If yes please provide details ______________________________________
    ______________________________________
  - No □

- Our preferred currency for the insurance policy is:
  - □ US Dollar  □ Euro

DETAILS OF EXPORTER (If different from the applicant)

Full name and address of the Exporter:
_____________________________________________________________________
_____________________________________________________________________

Tel. No: _____________________________________________________________
Fax No: _____________________________________________________________
Website/e-mail: _____________________________________________________
Contact person: ______________________________________________________

Full name and address of exporter's bankers:
_____________________________________________________________________

Tel. No: _____________________________________________________________
Fax No: _____________________________________________________________

DETAILS OF BUYER

Full name and address of the buyer:
_____________________________________________________________________
_____________________________________________________________________

Tel. No: _____________________________________________________________
Fax No: _____________________________________________________________
Website/e-mail: _____________________________________________________
Contact person: ______________________________________________________

Full name and address of buyer's bankers:
_____________________________________________________________________

Tel. No: _____________________________________________________________
Fax No: _____________________________________________________________

3 Kindly attach all relevant financial information on the buyer that is available to you.
If previous trading experience with buyer exists:
- Specify number of years: ____________________
- Has there been in delays in payments: Yes____
  No____
- If yes, please give average delay period in days: ______
- Total amount currently outstanding on the payment: ______
- Please give details for the last 12 months according to the following table:

<table>
<thead>
<tr>
<th>Date of Shipment</th>
<th>Amount of Shipment (US$)</th>
<th>Terms of Payment</th>
<th>Due Date of Payment</th>
<th>Date Payment Received</th>
<th>Amount Received (US$)</th>
<th>Total Current Outstanding (US$)</th>
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**DETAILS OF TRANSACTION**

1. Expected / or date of contract ____________________________________________
2. Effective date of contract ______________________________________________
3. Detailed description of contract
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
4. If goods / services you plan to export will be used for a project, please give details

4 Please attach copy or draft copy of contract
5. Terms of Payment

6. Credit Period

7. Payment security (if any)

8. If terms of payment are ILC, please indicate the full name and address of the ILC issuing bank

Full name and address of the ILC issuing bank (s):
Telephone No.:
Fax No.:

9. If external finance is being secured in this transaction, please give full details of financier

10. Amount of Contract in US$/EUR

11. Amount of cover required in US$/EUR

12. The standard risks covered under the STP are the Non-payment risks resulting from Commercial and Political events. However, the STP can be extended through endorsements to cover additional risks such as Non-acceptance of delivery, Pre-shipment etc. Kindly identify the additional risks you wish to be covered, if any

Details of Goods/Services to be supplied:

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<th>Goods/Services</th>
<th>Origin</th>
<th>Local Value Added %</th>
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5 If these terms include any payment before dispatch of goods which is irrevocable, please give details
6 Goods should have been produced, manufactured in whole or in part, assembled or re-processed in one or more Member Country, provided that at least 30% of added value will accrue from the Member Country from which such goods are exported.
Shipping Program in respect of this transaction is as follows:

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<tr>
<th>Estimated Date Of Shipment</th>
<th>Shipment value in US$</th>
<th>Terms of Payment</th>
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**DECLARATION OF THE APPLICANT**

- We, declare that the information given in this application, copy of contract and trading and payment experience are true and we have not misrepresented or omitted any material information. We understand that you will have no liability in respect of shipments to this buyer if the information is subsequently found to be untrue or incomplete.

- We are not aware of any circumstances relating to this buyer that might adversely affect your decision to insure him, other than as stated herein.

- We certify that we have no financial interest in the buyer nor does the buyer have any financial interest in us except as stated below:

- We certify that the goods will be exported directly to the buyer’s country (If you are unable to certify the above, please provide full details of the transit country).

Signature: _______________________

Date: __________________________

Name: __________________________

Acting in the capacity of: ______________________
(General Manager, Partner, Owner, etc.)
Please attach the following documents along with the application:

1. Copy of the your commercial registration certificate
2. Copy of your membership of the Chamber of Commerce
3. Your Three latest annual reports (or audited financial statements)
4. Brochure on the company and its activities
5. All relevant information available to you on the buyer
6. Copy / draft of contract

P.S Kindly be informed that this application will only be processed upon receiving by the Corporation the Policy Application Fee and Due Diligence fee as indicated in the Non-Binding Indication.