

TO BE GIVEN ON THE EXPORTER'S LETTER HEAD AND SIGNED BY AN
AUTHORISED OFFICIAL OF THE EXPORTER
(PART OF PROPOSAL FORM FOR ISSUE/RENEWAL OF POLICY)

To
ECGC Limited,
Bangalore Branch,
Vayudooth Chambers, 4th Floor
15-16 M G Road, Trinity Circle
Bengaluru-560001.

Date:

1. Information on availing of export credit insurance cover/factoring facility for exports from any other Insurer/Factor/Agency: (please tick ✓ appropriate box below):

Yes	No

If YES, then the following details need to be furnished:

- a. Name of the Insurance/Factoring Company
- b. Value of Export Turnover insured/factored
- c. Name(s) & address of the buyers insured/factored
- d. Reason for seeking coverage on the particular buyer from ECGC
- e. Other details, if any

2. Intending to make Forwarders Cargo Freight (FCR) based transactions: (please tick ✓ appropriate box below):

Yes	No

If YES, then the following details need to be furnished:

S. No	Name and address of Buyer(s)	Name and Address of the Freight Forwarder(s)

Please keep us informed in case of any modification/addition/deletion in this respect during the currency of policy.

(Signature)
Name and Designation
Date
Office Seal