

Application Form Credit Questionnaire

Details of Applicant			
Name			
Mailing Address	PO Box:	City:	Emirates:
Contact Number	Mobile:	Tel:	Fax:
Email ID			
Business of the Insured			
Credit Requested	Amount:		
Credit Duration			
Guarantee	<input type="checkbox"/> Security Cheque	<input type="checkbox"/> Bank Guarantee	

Bank Details	
Name of Bank	
Mailing Address	PO Box: City: Emirates:
Contact Person for payments	
Email ID	
Swift Code	Currency:
IBAN	

Please attached the following documentation with this application:

1. Copy of Commercial Registration
2. Passport copy of the Owner or Principal Partner
3. Financial statements for the last 2 years
4. Copy of Broker License (*if applicable*)

Authorised Signatory

Credit Questionnaire (For Office Use Only)

Line of Business

Any previous business with Oman Insurance

Yes

No

If yes, please provide previous history

Business Potential

Previously black listed

Yes

No

Expected Annual Premium x 120 / 365

Largest Single Policy premium x 120%

Recommendation

No Credit

Exceptional Credit Terms _____ days, limit of AED _____

Standard credit terms, limit of AED

Security Cheque required AED

Approval

Distribution Approver's Name

Designation

Finance Approver's Name

Designation

Post Approval Checklist

Country Party code

Update in system

Collector Assigned

Counter Party Notified