



Information Support  
Protection

**Form No: 502A**

This application helps us to assess your request for a credit limit Enhancement on a particular buyer/ Modification of terms of payment of Existing credit Limit. We rely on the information you give us to enhance the limit. Therefore, all questions must be answered truthfully and in full. You must also have authority to submit this application to us.



## APPLICATION FOR CREDIT LIMIT ENHANCEMENT / MODIFICATION OF TERMS OF PAYMENT OF EXISTING CREDIT LIMIT

### 1. DETAILS OF THE EXPORTER

Policy Holder's Name	
Policy Type and Number	

### 2. THE BUYER

Registered Name / Country			
Trading Name (System)			
Buyer Code given by SLECIC			
Registration No			
Address			
Telephone No		Fax No	
Name of the current contact person			
General Email Address (Please attach a copy of an e-mail correspondence with the buyer)			
Contacted Email Address (Please attach a copy of an e-mail correspondence with the buyer)			
Buyer's Bank Name & Address			

**3. THE CREDIT LIMIT**

Existing credit limit Amount Rs.		Terms of payment		Date of Issue	
Required Enhancement Amount Rs.		Terms of payment		Earliest Shipment Date	
Reasons for seeking Enhancement of Credit Limit / Change Terms of payment					
<b>Shipment schedule</b>					
Orders in hand (Rs. & USD\$)	Month		Value (Rs.)		Value (USD)
Orders Expected (Rs. & USD\$)	Month		Value (Rs.)		Value (USD)
Goods or Services to be supplied					
If dispatch is made or payment is coming from a different country please give details					

**\*Note: Please attach details of the future shipments in the attached format (Form No 506)**

**4. EXPERIENCE**

Month and year from which the buyer is your client			
Your Experience with the buyer for the last 12 months			
<b>*Note: Please attach details of past experience for the last 12 months in the attached format (Form No 507)</b>			
Your largest single credit risk (delivered / services performed and invoiced) Amount Rs.		Terms of Payment	
Does the Buyer have any current or unusual overdue amounts of more than 30 days? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please provide details			
Payment of credit limit evaluation fee is made herewith (Please provide details) Cash <input type="checkbox"/> Cheque <input type="checkbox"/>			
Amount Rs.	Cheque No	Date	
We hereby certify that the representation made and the facts stated above are true to the best of our knowledge and belief. We hereby further certify that we have not omitted to state any material fact. We hereby agree that the representations made and the facts stated above form the basis for the credit limit, if approved, and that the truth of the representations made and the facts stated shall be a condition precedent to any liability of SLECIC.			
<b>Name &amp; designation of Authorised Signatory &amp; Company Seal</b>			
<b>Signature</b>		<b>Date</b>	