|  |  |  |  |
| --- | --- | --- | --- |
| **CLAIM FORM**  **Export Credit Guarantee Insurance Scheme** | |  | |
| **FOR OFFICIAL USE ONLY** | | | |
| Date Received | |  | |
| Claim No. | |  | |

**SECTION A – Applicant Details**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Insurance Company** | **Exporter** |
| Name | : |  |  |
| BRN No. | : |  |  |
| VAT No. | : |  |  |
| Address | : |  |  |
| Tel/Mobile | : |  |  |
| Fax | : |  |  |
| Email | : |  |  |

|  |  |  |
| --- | --- | --- |
| **Bank Details** | | |
| Beneficiary Name | : |  |
| Name of Bank | : |  |
| Address of Bank | : |  |
| Beneficiary Account Number (MUR) | : |  |
| Amount Claimed (MUR) *(As per Annex 2)* | : |  |

**SECTION B- Compulsory Supporting Documents to be submitted (Tick as appropriate)**

|  |  |
| --- | --- |
| 1. Certificate of Insurance (Signing Schedule & Whole Turnover Credit Policy Conditions inclusive) / Contract with MEXA-COFACE (If applicable) / Approved list of buyers with Insured Turnover |  |
| 1. Detailed Actual Yearly Sales Turnover from Exporter (Annex 2) |  |
| 1. Premium Invoice for Policy Period |  |
| 1. Receipt of Payment |  |
| 1. Request for Insurance Cover from Exporter |  |

**SECTION C – Declaration of Applicant**

|  |
| --- |
| I, the undersigned, hereby declare that all particulars furnished in this application and the documents submitted are true and correct.  Name: ………………………………………………………………………… NIC No:………………………………………  Signature: …………………………………………………………………… |

**CAUTION:** The Economic Development Board (EDB) Mauritius reserves the right:

1.To reject registration/claim after perusing all documents.  
2. To exercise control post disbursement of fund and in case any fraudulent declaration is detected the following may apply:

a. The Insurance/Insured company will not be eligible for any future rebate.  
b. Legal action will be undertaken to recover the amount refunded and may be also liable to prosecution.