|  |  |
| --- | --- |
| **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.