

# POLTICAL RISK PROPOSAL FORM



INTERNATIONAL COMMERCIAL AND ENGINEERING  
ICE SEGUROS S.A.

## COMPLETION INSTRUCTIONS

- Complete all fields in BLOCK LETTERS (using blue or black ink).
- Please complete **the sections relevant** to the cover you require.
- In order to ensure the correct assessment of the risk and the speedy issue of the policy, indicate the sections and complementary covers that you wish to include in the Policy and furnish all the information requested by the Insurer.
- In case of omissions or doubts when completing this proposal, please contact the Insurer for clarifications.

**Notwithstanding the approval of the proposal, in terms of the law, risks will be covered only and exclusively after payment of the first premium or applicable part thereof.**

### IMPORTANT NOTE

The client remains liable for all omissions, errors or false details pertaining to obligatory or optional information required. In respect of these and other details in General, Special or Particular Conditions as well as details required by the insurance legislation in effect, the policy shall be deemed totally or partially null and void, depending on the section affected by such omissions, errors or false details.

## INDEX OF COVERS AVAILABLE

Period of Cover (✓)	<input type="checkbox"/> Annual (Yearly & thereafter) <input type="checkbox"/> Temporary <input type="checkbox"/> Other
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Date of Inception	...../...../..... to ...../...../.....
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Section Number	Product Name	Applicable (✓)
1	General Questions ( <b>COMPUSLORY</b> )	<input type="checkbox"/>
2	Confiscation, Expropriation, Nationalisation Insurance for Permanent Investments	<input type="checkbox"/>
3	Confiscation, Expropriation, Nationalisation Insurance for Mobile Equipment	<input type="checkbox"/>
4	Currency Inconvertibility Insurance	<input type="checkbox"/>
5	Political Violence	<input type="checkbox"/>
6	Consequential Financial Loss (must be selected IN CONJUNCTION with Political Violence, section 5)	<input type="checkbox"/>
7	Trade Credit Risk	<input type="checkbox"/>

## DECLARATION OF PERSONAL DETAILS

1. .... (hereinafter referred to as the "Policy Holder") authorizes that its details be made available, under absolute confidentiality, to International Commercial and Engineering ICE, Seguros SA and its affiliates (hereinafter referred to as "ICE Seguros") provided that such information is only used in accordance with the contractual relationship.
2. The Policy Holder authorizes ICE Seguros to obtain any supplementary personal details from public entities, credit bureau and other financial institutions for purposes of confirming or supplementing the details obtained and required for managing the contractual relationship.
3. The Policy Holder authorizes ICE Seguros to record all telephone calls, emails, messages made and received by any of its employees, agents, directors and the like acting on behalf of the Policy Holder within the scope of the contractual obligation hereby established and to use such recorded information for all legal purposes, namely, for the execution of contracted services, for improving and monitoring such services and as evidence. The details obtained shall be processed and stored and will be used for purposes of the contractual relation with ICE Seguros and its subcontractors.

The Policy Holder acknowledges and consents to third parties having access to information concerning them that may be contained in the Policy Holder's information and further that they may request that it be corrected, changed or removed by contacting directly, or in writing, ICE Seguros.

The Policy Holder hereby declares that all details provided are true, accurate, and correct and supplied in good faith and the Policy Holder assumes full responsibility for said details. The Policy Holder further undertakes to immediately inform ICE Seguros of any material changes arising after these particulars were supplied under penalty of being personally liable for losses and damages. The Policy Holder acknowledges and agrees that it is liable for all omissions, errors or false details pertaining to obligatory or optional information required and hereby indemnify ICE Seguros from any costs, claims, damages (including consequential damages), legal proceedings or expenses that may arise from any omission, misrepresentation or false information provided by it or its failure to update any of its information.

In the event that the Policy Holder has omitted any information or provided any false, misleading or incorrect information to ICE Seguros, any policy / policies of which it is a policy holder shall be deemed totally or partially null and void, depending on the section affected by such omissions, errors or false details.

The Policy Holder warrants to ICE Seguros that it has the power, authority and legal right to approve, complete, sign and where necessary perform this proposal form in terms of the Policy and that the aforementioned has been duly authorised by all necessary actions of its directors, members or board of trustees, as the case may be, and constitutes valid and binding obligations on it in accordance with the terms of the Policy and this proposal form.

The Policy Holder declares that it is aware of and agrees to be bound by all the terms and conditions contained in the policy / policies that may be issued by ICE Seguros as requested by it. The Policy Holder further acknowledges that this proposal form and such policy / policies form the basis of the contract between ICE Seguros and it.

In this respect, the Policy Holder hereby agrees to be bound by this proposal form and any policy / policies, and all the terms and conditions contained therein, issued by ICE Seguros as requested by it and further undertake to comply timeously with all its obligations to ICE Seguros including but not limited to payment of premiums.

Date: ...../...../.....

Place of signing: .....

Policy holder signature: .....

Duly Authorised

## PROPOSING COMPANIES DETAILS

Name of the insured and nationality (country based in):

.....

Headquarters:

.....

Company Activities:

.....

Date and place Applicants insured business was founded: .....

Insured's Address:

.....

.....

Postal Address:

.....

.....

Risk Manager / Insurance Manager:

Name: .....

Job title: .....

Email: .....

Telephone: .....

Agent / Broker: .....

Contact Name: .....

Position / Job Title: .....

Telephone: .....

E-mail: .....

Mobile: .....

**Note:** When filling out this document either Mozambican Meticaís or United States Dollars can be used to indicate a value.

## LOSS EXPERIENCE

In respect of the insurance(s) now being applied for please give details of any and all loss or damage (whether insured or not) sustained over the past 5 (five) years, as well as all prior major losses (if more space is required please use the extra space provided throughout this document and the pages at the end):

Type of cover	Date of loss	Details of loss / accident (E.g. Causes, precautionary measures implemented etc.)	Gross value (Indicate MZN / USD)
	...../...../.....		
	...../...../.....		
	...../...../.....		
	...../...../.....		
	...../...../.....		
	...../...../.....		

Has any insurer in respect of the risk to which this proposal relates ever:

- Declined a proposal, refused renewal or cancelled any insurance policy?  
Yes ☐ No ☐
- Has any previous insurer required an increased premium and / or imposed special conditions?  
Yes ☐ No ☐
- Have you, or any member of your firm, ever made a compromise with creditors or been declared insolvent?  
Yes ☐ No ☐
- Do you keep a complete set of books showing a true and accurate record of business transacted?  
Yes ☐ No ☐
- Has the proposing insured ever been required to carry the first amount of any loss?  
Yes ☐ No ☐

If yes to any of these please give details.....

.....

.....

.....

## PREVIOUS INSURERS

Please provide the names of any insurers who have provided you with cover over the last five years.

Company	Policy number	Period of cover

Are there any payments outstanding on current or previous insurance policies?    Yes   ☐    No   ☐

### Other Comments

Use this space to make additional comments and, if necessary, attach any other information deemed relevant for this application.

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.....

.....

.....

## Section 1: General Questions (compulsory)

i. Does the Investor have any knowledge of any facts which might give rise to a claim under the policy? It is agreed that if such knowledge or information exists, any claim arising therefrom is excluded from this proposed policy:

.....

.....

ii. Are there any unique or unusual aspects in the subject matter of this application?

.....

If "yes" please give details .....

.....

iii. Has the Applicant, its partner, joint venture, affiliates or subsidiaries ever suffered loss as a result of acts of foreign governments?

.....

If "yes" please give details .....

.....

iv. Is the Applicant aware of any legislation, pending legislation, discussions, disputes, negotiations or litigations with the Host Government regarding pollution or other environmental impact relating to the Foreign Enterprises?

If yes, please explain. (Attach extra pages if necessary.)

.....

.....

v. Has the Applicant ever carried political risk insurance? Yes / No

Please attach the Applicant's most recent Annual Report and that of the Foreign Enterprise. Other material relating to the Applicant of Foreign Enterprise you may wish to provide is welcome.

**Dates of inception of contract:** ...../...../..... to ...../...../.....



## Section 2: Confiscation, Expropriation and Nationalisation of Permanent Investment

### I. FOREIGN ENTERPRISE IN WHICH INVESTMENT IS MADE:

- a. Name: .....
- b. Mailing Address: .....  
.....  
.....
- c. Location of facilities: .....
- d. Describe the business of the Foreign Enterprise:  
.....  
.....  
.....  
.....
- e. Is this a new or existing enterprise? .....
- f. Year of start-up: .....
- g. Year in which Investor became involved in enterprise: .....

### II. OWNERSHIP OF FOREIGN ENTERPRISE

- a. Describe ownership of Enterprise and note any equity participants controlled by governments or their agencies:

EQUITY %	PARTICIPANT	NATIONALITY	PARTICIPATION %
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

- b. Describe any existing provisions or plans for future divestiture of ownership to local interests:  
.....

- c. List all foreign or multilateral lenders to the Foreign Enterprise:

LENDER	NATIONALITY
.....	.....
.....	.....
.....	.....
.....	.....

### III. INVESTMENT TO BE INSURED

#### a. Exposed Investment

- i. Investor's equity contribution to Foreign Enterprise .....
- ii. Investor's share of retained earnings .....
- iii. Investor's loans to Foreign Enterprise .....  
(including accrued but unpaid interest)
- iv. Investor's guarantees of non-local obligations of Foreign Enterprise.....
- v. Payable due Investor (average).....
- vi. Receivables.....
- vii. Total exposed Investment .....

#### b. Desired limit of Liability .....

(Note: The Limit of Liability elected by an Investor in any year can be less than but not greater than Exposed Investment.)

#### c. Nature of Investment

##### i. Form of Investor's equity contribution (cash, equipment, technology, other):

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##### ii. Form and terms of Investor's debt contribution (notes, letter of credit, etc., maturities):

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##### iii. Names of guaranteed third parties:

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#### IV. OPERATIONS OF FOREIGN ENTERPRISE IN HOST COUNTRY

Please answer the following questions concerning the Foreign Enterprise's operations in the Host Country. If this is a new enterprise, estimates should be made as to the level of operations after a reasonable start-up period:

**a.** Breakdown of Foreign Enterprise's assets: (This information is used for underwriting purposes and not for determining limits of liability).

Cash/Securities	MZN .....	USD .....
Accounts Receivable	MZN .....	USD .....
Inventories	MZN .....	USD .....
Mobile equipment and plant	MZN .....	USD .....
Fixed plant and machinery	MZN .....	USD .....
Buildings/Leasehold Improvements	MZN .....	USD .....
Land	MZN .....	USD .....
Other assets	MZN .....	USD .....
TOTAL ASSETS	MZN .....	USD .....

**b.**

i. What accounting basis is used in determining value of assets (e.g. book, replacement, etc.)?

.....

ii. Basis of depreciation of assets:

.....

**c.** Foreign Exchange Impact of Foreign Enterprise:

If this is a new enterprise, estimates should be made as to the initial level of operations after start-up.

i. Total exports as a percentage of annual revenues .....%

Exports to Investor as a percentage of annual revenues .....%

Total imports as a percentage of annual revenues .....%

Imports from Investor as a percentage of annual revenues .....%

**d.** How dependent is Foreign Enterprise on technology inputs from Investor?

.....

**e.** Labour and Management of Foreign Enterprise:

i. Does the Investor control the management of the Foreign Enterprise?

.....

ii. Number of local national in managerial positions:

.....

iii. Number of local national employees:

.....

iv. Number of foreign employees and nationality:

.....

.....

v. Is work force unionised?

.....

**f. Foreign Enterprise – Host Government Agreements:**

i. Have all documents necessary for legal operations in the Host Country been obtained and are they currently valid?

.....

ii. Have any special agreements been negotiated between the Investor and the Host Country beyond those normally afforded foreign Investors under the investment code of the host country (e.g. excessive tax holidays, monopoly agreement, subsidies, special tariff or quota concessions, etc.)?

.....

If so, please describe: .....

**g.** Describe any effects on the Host Country by the Foreign Enterprise that you consider noteworthy (e.g. impact on local suppliers, local employment, creation of downstream economic activity, training programmes, development of social services, etc.)

.....

.....

**h.** Does Investor have operations in the Host Country other than the subject of this application?

.....

If so, briefly describe: .....

.....

## Section 3: Confiscation, Expropriation and Nationalisation of Mobile Equipment

i. Country in which equipment to be insured will be located:

.....

.....

ii.

a. Name and address of entity in Host Country for whom work will be conducted:

.....

.....

.....

b. Legal status of entity (Private, Government, Agency, Ministry etc.)

.....

.....

iii. If equipment to be used for a specific contract, does title pass to Buyer on completion or at any other time:

.....

.....

iv.

a. Who is responsible for insuring the equipment:

.....

.....

b. Does insurance have to be arranged in the Host Country?

.....

.....

v. Describe the nature and principal use of equipment while in Host Country:

.....

.....

vi. How long will equipment be in the Host Country:

.....

.....

vii. Have all documents necessary for legal operations in the Host Country been obtained?

.....

.....

viii.

a. Does the Applicant require a re-export licence? .....

b. If so, have the necessary licences been obtained? .....

c. If no re-export licence is required had the Applicant obtained all other consents required to re-export the equipment?

.....

.....

d. Has the Applicant ever had problems in obtaining re-export licences?

If so, please give details: .....

ix. Who will have physical control of the equipment while in the Host Country?

x. Description of equipment to be insured:

Kind Date Cost Actual

Purchased New Cash Value

(If required, please attach additional pages)

xi. Method of Depreciation used in calculation of Net Book Value:

(N.B. Underwriters cannot issue on a new for old basis.)

## Section 4: Currency Inconvertibility

i. Has the Applicant experienced any Currency Inconvertibility difficulties in the past with respect to any of its operations or investments in the Host Country?

.....

If so, please specify: .....

ii.

a. Have all registrations been duly made and all consents and approvals of Host Government been obtained, which are necessary to enable the Applicant to transfer Local Currency into Policy Currency?

.....

b. Are said registrations, consents and approvals still valid?

.....

iii.

a. Does the Applicant have any Currency Inconvertibility Insurance with respect to Local Currency in the Host Country?

.....

b. If so, please specify the name of the Insurer and the nature and amounts of coverage:

.....

iv. How Scheduled Funds will be Generated.

This Currency Inconvertibility Insurance is being sought to cover Scheduled Funds generated from:

Equity Securities of Foreign Enterprise .....

Debt obligations of Foreign Enterprise .....

Technical assistance Agreement .....

Management Agreement .....

Other .....

Please attach copies of pertinent agreement and repayment schedules.

v. Amount of Coverage

The Applicant should determine the maximum value in Policy Currency of Scheduled Funds to be repatriated during the Policy Period.

a. Policy Currency Designation: (U.S. Dollars, Euros etc.):

.....

b. Amount of anticipated repatriation in Policy Currency:

i. Equity Investment .....

ii. Dividends/Profits .....

iii. Principal .....

iv. Interest .....

v. Technical Assistance Fees .....

vi. Management Fees .....

vii. Other fees/Payment .....

c. Total amount of coverage desired: .....

(i. e. total amount of Policy Currency to be remitted during course of policy year: value of Equity Investment to be included only if investment to be disposed of during course of policy year.)

vi. Operations of Foreign Enterprise in Host Country.

a. Annual Revenues (expressed U.S. Dollars) of the Local Enterprise are or are estimated to be (please check one):

i. Under US\$10 Million .....

ii. US\$10 to US\$50 Million .....

iii. Over US\$50 Million .....

b. Does the Applicant have any other operations or investments or loans outstanding or contracts with entities in the Host Country besides this Foreign Enterprise?

.....

If so, briefly describe: .....

.....

vii. General

a. Were the Applicant to file a request today with the appropriate government agency for the transfer or Scheduled Funds from Local Currency into Policy Currency how long would it take for such a transfer to be made?

Up to 1 month .....

Up to 2 months .....

Up to 3 months .....

Up to ..... months

b. What special arrangements, if any, have been concluded between the Host Government and the Applicant, or the foreign Enterprise for the transfer of Local Currency into Policy Currency? Are these transfers subject to any limitations in addition to existing currency regulations?

If so, please specify:

.....

.....

.....



## Section 5: Political Violence

### Political Violence Coverage

Please specify the cause(s) of loss require cover:

Riot, Strike, Civil Commotion and Malicious Damage	[ ]
Sabotage and Terrorism	[ ]
Insurrection, Revolution, Rebellion and Coup d'Etat	[ ]
War and Civil War (Note 1)	[ ]

War and Civil War coverage is normally only available for locations outside your home territory.

Has the prospective insured suffered loss a result of political violence, or action by any state entity or a subsidiary of any state entity in any country in the past five years, whether insured or not?

If yes the details of this should be attached on a separate sheet or below depending on the space available, please include date, location, type of incident and amount of loss (MZN/USD).

Yes [ ] No [ ]

If yes please give details.....

.....

.....

.....

.....

Describe ownership of Enterprise and note any equity participants controlled by governments or their agencies:

EQUITY %	PARTICIPANT	NATIONALITY	PARTICIPATION %
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

Does the prospective insured, its directors and officers or any known person have knowledge or information that may reasonably give rise to a claim?

Yes [ ] No [ ]

If yes please describe knowledge or information.....

.....

.....

.....

.....

The full address for each insured location including zip code is required (duplicate the following two sheets if you wish to give details on more than one risk location):

Location Address: .....

.....

Sum insured:

1. Value of buildings MZN .....

USD .....

2. Value of contents MZN .....

USD .....

3. If required, Business MZN .....

Interruption value USD .....

(12 months) MZN .....

Total insured value USD .....

Is there a guard force? Yes ☐ No ☐

*If yes, please provide details, e.g. number of guards, training, etc.* .....

Are there intrusion protection systems and CCTV systems? Yes ☐ No ☐

Is there a perimeter fence? Yes ☐ No ☐

*If yes, is it illuminated at night?* Yes ☐ No ☐

*If yes, please provide details (i.e. type of system, etc.).* .....

Is there an access control system? Yes ☐ No ☐

*(e.g. card access or sign-in procedure)* .....

*If yes, please provide details.*

Is there a parking area? Yes ☐ No ☐

*If yes, where? (e.g. within the building, outside, etc.)* .....

Description of the area surrounding the location Yes ☐ No ☐

*(e.g. rural, commercial, government, etc., including name(s) or landmarks) and distance from nearest police station.* .....

Are there any of the following within 500 meters of the location? Check all that apply.

☐ military premises

☐ government premises

☐ tourist attractions

☐ airport/other transport facilities

☐ landmarks

☐ sporting venues

☐ religious institutions

What businesses occupy the surrounding buildings?	.....
What, if any, businesses occupy the other parts of the building?	.....
Please provide details of the location's past history. Attach separate sheet if necessary.	.....
Steps taken to prevent recurrence of incident(s) or event(s) in i) above.	.....
Employees and operatives at location. <i>Please provide details below</i>	.....
Number of employees/operatives at location	.....
Number of employees/operatives at location outside normal working hours	.....
Details of labour relations/unions at location(s)	.....
If more locations than one are required please provide the above details for the other risk locations and attach them to this application.	

## Section 6: Consequential Financial Loss

Aggregate Business Interruption limit required /	MZN .....
Sum Insured	USD .....
Monthly Business Interruption limit required	MZN .....
	USD .....
Gross profit difference basis / additions basis (delete whichever is not applicable)	MZN .....
	USD .....
Net profit	MZN .....
	USD .....
Gross rentals	MZN .....
	USD .....
Revenue	MZN .....
	USD .....
Additional increase in cost of working	MZN .....
	USD .....
Wages	MZN .....
	USD .....
Additional claims preparation costs	MZN .....
	USD .....

Please note this section of cover must be linked to previously filled out sections. This section filled out on its own will not provide cover, please indicate which sections you've filled out in the document below if you wish for any loss covered by the aforementioned covers to allow for a claims under this section of the policy.

☐ Confiscation, Expropriation, Nationalisation Insurance for Permanent Investments

☐ Confiscation, Expropriation, Nationalisation Insurance for Mobile Equipment

☐ Equipment Inconvertibility Insurance

☐ Political Violence

## Section 7: Trade Credit Risk

Type of Goods/Services to be Insured ☐ Manufacturers ☐ Wholesalers ☐ Retailers

If other please give details.....  
.....

When was the business established: .....

Business Cycle: Is your business seasonal? Yes ☐ No ☐

If yes please give details.....  
.....

### Select cover required

A Single Trade Partner ☐

Whole Trade Book ☐

If you selected **Single Trade Partner** please fill out **section 7.1**

If you selected **Whole Trade Book** please fill out **section 7.2**

## Section 7.1: Single Trade Partner Details (only fill out if this cover was selected at the start of this section)

☐ Sovereign Non-Payments
 ☐ Private Commercial Non-Payment
 ☐ Political Risk

Name and address

.....

.....

Country: .....

Credit limit required MZN: ..... USD: .....

Annual credit turnover with customer MZN: ..... USD: .....

Remarks (e.g. non-standard payment terms) .....

.....

Audited Financial Statements Details: .....

**Audited financial statements must be attached** for a particular company that is to be insured against the risk of non-payment or non-delivery for the **preceding and current financial year.** IF NOT AVAILABLE PLEASE CONTACT INSURER

Not yet due? MZN: ..... USD: .....

30 days overdue MZN: ..... USD: .....

60 days overdue MZN: ..... USD: .....

90 days overdue MZN: ..... USD: .....

90 days + overdue MZN: ..... USD: .....

Domestic trade	Estimated annual turnover of trade credit sales	Normal Terms of Payment (Please continue on separate page if necessary)	Governing laws of the contract
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MZN: .....

USD: .....

Export / Import Trade Country	Estimated Annual Turnover of Trade Credit Sales	Normal Terms of Payment (Please continue on separate page if necessary)	Governing laws of the contract
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MZN: .....

USD: .....

## Section 7.2: Whole Trade Book Details (only fill out if this cover was selected at the start of this section)

Type of Buyers:

Percentage of Total Sales:                      Affiliated Companies ..... %      Non-Affiliated ..... %

Name of parent, subsidiary or affiliate also engaged in the trading of goods and services:

.....

**Credit Management:** Indicate sources of credit information:

☐ Credit Agency                      ☐ Trade References                      ☐ Trade Association

☐ Commercial Bank in Foreign Buyer Country                      ☐ Other

Do you have an in-house credit application form for buyers?                      Yes ☐      No ☐

### Estimated turnover details (please indicate currency in the below tables)

Please provide estimated annual turnover for the next 12 months based on where your customers are domiciled

Domestic trade	Estimated annual turnover of trade credit sales	Estimated number of active accounts	Normal Terms of Payment (see note below)*	Governing laws of the contract
----------------	--	--	---	-----------------------------------

	<b>Total</b>	<b>No.</b>		

Export / Import Trade by Country	Estimated Annual Turnover of Trade Credit Sales	Estimated number of Active Accounts (Clients)	Normal Terms of Payment (see note below)*	Governing laws of the contract
-------------------------------------	---	--	---	-----------------------------------

	<b>Total</b>	<b>No.</b>		

Please continue on separate page if necessary

Please indicate currency in the below line

Not yet due?      30 days overdue      60 days overdue      90 days overdue      90 days + overdue

--	--	--	--	--

### The debtor profile of your active customers

Please indicate the number of customers, by size of debt and indicate approximate percentage of your credit turnover these customers represent.

Debt (balance outstanding at one time)	Number of customers	% of credit turnover	Debt (balance outstanding at one time)	Number of customers	% of credit turnover
US\$ 500,001 and over		.....%	US\$ 10,001 to US\$ 25,000		.....%
US\$ 250,001 to US\$ 500,000		.....%	US\$ 5,001 to US\$ 10,000		.....%
US\$ 100,001 to US\$ 250,000		.....%	US\$ 2,501 to US\$ 5,000		.....%
US\$ 50,001 to US\$ 100,000		.....%	US\$ 1,001 to US\$ 2,500		.....%
US\$ 25,001 to US\$ 50,000		.....%	US\$ 0 to US\$ 1,000		.....%

### Major customers listed by size of account (please indicate currency in the below tables)

Name and address	Credit limit required	Annual credit turnover with customer	Remarks (e.g. non-standard payment terms)
1.			
Country:			
2.			
Country:			
3.			
Country:			
4.			
Country:			
5.			
Country:			
6.			
Country:			

Audited Financial statements Details: .....

**Audited financial statements must be attached** for a particular company that is to be insured against the risk of non-payment or non-delivery for the **preceding and current financial year**.

IF NOT AVAILABLE PLEASE CONTACT INSURER



Financial Year Ending	Turnover	Total bad debts	Net bad debts
	MZN: ..... USD: .....	MZN: ..... USD: .....	MZN: ..... USD: .....
	MZN: ..... USD: .....	MZN: ..... USD: .....	MZN: ..... USD: .....
	MZN: ..... USD: .....	MZN: ..... USD: .....	MZN: ..... USD: .....
<b>Financial year to date</b>	MZN: ..... USD: .....	MZN: ..... USD: .....	MZN: ..... USD: .....

  

Financial Year Ending	Number of losses	List your 2 largest bad debts per year	Customer names
		1. MZN ..... USD .....	
		2. MZN ..... USD .....	
		1. MZN ..... USD .....	
		2. MZN ..... USD .....	
		1. MZN ..... USD .....	
		2. MZN ..... USD .....	
<b>Financial year to date</b>		1. MZN ..... USD .....	
		2. MZN ..... USD .....	

## FURTHER INFORMATION (FOR CLIENT USE ONLY)

## FURTHER INFORMATION (FOR OFFICE USE ONLY)