

Notification of Non-Payment

REMEMBER TO READ CAREFULLY THE DECLARATION AND AUTHORISATION ON THE BACK PAGE BEFORE SIGNING AND SENDING US THE FORM.

PLEASE USE THIS FORM TO REGISTER ONE OF THE FOLLOWING:

Do you wish us to:

- | | |
|---|--|
| <input type="checkbox"/> Collection of non-payment only | <input type="checkbox"/> Collection of non-payment and claim |
| <input type="checkbox"/> Register a Claim only | <input type="checkbox"/> Notification of non-payment only |

1. Your details

Name:

Address inc. Post Code

Contact name:

Your reference number:

Phone number:

Fax number:

Customer number:

Policy number:

Supplier name:

Case number

Supplier address inc. Post Code

Co insured name

2. Buyer details

Name (Contractual party):

Address inc. Post Code

Country:

Contact:

Phone number:

Fax number:

Company reg. number:

VAT number:

Buyer number:

3. Credit limit details

How have you established a credit limit against this buyer:

- Approved Credit Limit? Credit Check?
 Based on information/reports? Based on trading experience? First Contract?

4. Description of goods/services

5. Reason for Non-Payment

- Buyer is insolvent Protracted Default Political situation

6. Securities relating to debt

- Retention of title Guarantees of payment Bond (please provide details)

7. Details of the debt

Total amount outstanding: Currency of amount outstanding:

Please provide breakdown as follows: (Use separate sheet if necessary).

First date	Amount	Due date	Ext due dates		
Invoices					
Credits					
Payments					
Interest					
Collection costs					

If invoices include VAT, please provide the amount

If you will save any agent's fees or commission due to non-fulfilment of the contract by the buyer, please enter the amount.

If you are claiming under the pre-credit risk section of the policy, please provide details of any costs incurred.

Please check the boxes which are applicable and provide further details together with any other relevant information in the space provided.

- The goods/services were not accepted by the buyer The buyer is disputing the debt
 We have orders for goods or services outstanding

8. Additional information (Please detail all action taken to minimise loss)

9. Documentation required for Claim / or Collection

- | | |
|--|--|
| <input type="checkbox"/> Summary of circumstances | <input type="checkbox"/> Statement of account |
| <input type="checkbox"/> Copy orders/confirmation | <input type="checkbox"/> Copy invoices |
| <input type="checkbox"/> Evidence of Insolvency
(including debt registration and enforcement of Retention of Title) | <input type="checkbox"/> Debt chasing correspondence |

10. Declaration of business

	Amount declared	Month and year
On contract (Where pre-credit risk cover is held please provide full details)	_____	_____
	_____	_____
On goods despatched/services invoiced	_____	_____
	_____	_____
	_____	_____

Please read carefully points 1 and 2 below before signing.

1. Declaration and Authorisation (either A, B or C will apply)

a. Collection of unpaid debt:

We authorise Atradius to unconditionally manage the collection of the unpaid debt. Atradius will take all measures deemed necessary to collect the debt that is specified under 'Debt details' on behalf and for account of us. These measures may include the transfer of this authorisation to a Lawyer/Debt Collector or Insolvency Practitioner.

b. Notification of unpaid debt:

We are notifying Atradius of this unpaid debt in compliance with our policy obligations. We do not require Atradius to manage the collection of the unpaid debt at this time because either:

- i) We agree to take collection action against this buyer through the use of our own Lawyer/Debt Collector and will demonstrate the actions taken were compliant with policy obligations to minimise loss in the event that a claim is submitted. We understand that Atradius will not necessarily contribute towards any costs incurred; or
- ii) We wish to defer action for 14 days as we have received a promise of imminent payment from this buyer. In the event that the promised payment does not materialise within 14 days, we recognise that Atradius will convert this notification to a collection status and the following terms and conditions apply:

We authorise Atradius to unconditionally manage the collection of the unpaid debt. Atradius will take all measures deemed necessary to collect the debt that is specified under 'Debt details' on behalf and for account of us. These measures may include the transfer of this authorisation to a Lawyer/Debt Collector or Insolvency Practitioner.

c. Claim:

We declare that we have suffered a loss, particulars of which are as stated. We have not entered into any other contract of insurance or indemnity in respect of the loss. All the information and documents supplied in connection with this claim are true and correct in every particular. We agree that if this declaration or claim is in any way false or fraudulent, the policy shall be void and all claims thereunder forfeited.

2. We acknowledge:

- Nothing in this form amends, alters or waives any of the provisions of the policy.
- Acceptance of this form is not acceptance of any claim by Atradius.

3. We accordingly claim payment of the Policy percentage of the amount claimed. Settlement should be made in favour of

payable to: *

Signature

Capacity of signatory †

Name ††

on behalf of

Date

* Is payment assigned to a third party or other financial institution? (e.g. Bank or Factor - please submit a Nominating a payee form, if you have not already done so).

† Authorised officer

†† Block capitals