

# Notification of collection/claim



Please complete all sections as fully as possible using BLOCK CAPITALS and continue on a separate sheet if required. **Please do not leave any questions unanswered.**

Please note that if the information below is incomplete, this may lead to a delay in the processing of your notification.

(Please tick the appropriate boxes):

Original notification

Update

Date of notification:

Type of notification: Adverse Information

Overdue account

Insolvency

Claim

## 1. DETAILS OF INSURED

|   |   |
|---|---|
| 1.1 Insured name:                       |   |
| 1.2 Contract number:                    |   |
| 1.3 Contact name:                       | e-mail:   |
| Telephone number:                       | Fax number:   |
| 1.4 Invoices issued by <sup>(1)</sup> : |   |
| 1.5 Broker name:                        |   |
| 1.6 Maximum initial credit period:      | Extension period agreed by Coface: YES <input type="checkbox"/> NO <input type="checkbox"/> |

## 2. BUYER DETAILS

|   |                     |               |
|---|---------------------|---------------|
| 2.1 Buyer name <sup>(2)</sup> :   |                     |               |
| 2.2 Contact name <sup>(3)</sup> :   |                     |               |
| 2.3 Physical address:   | Postal address:     |               |
|   |                     |               |
|   |                     |               |
| Country   | Code:               | Code:         |
| 2.4 Registration number <sup>(4)</sup> :                                    |                     |               |
|   |                     |               |
| Telephone number:   | Fax number:         |               |
| e-mail:   | Cell:               |               |
| 2.5 Name & address for invoices (if different from address above):          |                     |               |
|   |                     |               |
| 2.6 Credit Limit:   | Terms:              | Date Granted: |
| Annexure Number:  | Special conditions: |               |
|   |                     |               |
| If using a discretionary facility please tick box: <input type="checkbox"/> |                     |               |
| Security held (if any, please attach copy):                                 |                     |               |
|   |                     |               |

Please attach annexure certificate, signed credit application, security documents and all other correspondence applicable.

## 3. COLLECTIONS SERVICES

**If Module C.18 has been included in your contract we will automatically intervene and commence collection of this debt unless you advise us otherwise. If you do not wish us to intervene please detail why below:**

Repayment schedule authorised by Coface South Africa

Outsourced to another debt collector/attorney

Other (please give details):

|                          |
|--------------------------|
| 3.1 Name:                |
| 3.2 Contact:             |
| 3.3 Tel:                 |
| 3.4 Action taken:        |
|                          |
| 3.5 Action required:     |
|                          |
| 3.6 Adverse information: |
|                          |

(1) If different from name of insured. (2) Including trading style and legal entity, if appropriate. (3) Director/member including ID number. (4) If other, please give full names of proprietor/partners/trustees/ect and their ID numbers. (please turnover)

#### 4. DETAILS OF DEBT

| Month and year              | Currency | Invoices reference <sup>(6)</sup> | Invoice due date | Payments/ credit notes | Dishonoured payments | Month end balance  | Outstanding balance <sup>(6)</sup> | Payment terms |
|-----------------------------|----------|-----------------------------------|------------------|------------------------|----------------------|--------------------|------------------------------------|---------------|
|                             |          |                                   |                  |                        |                      | c/f <sup>(6)</sup> | c/f <sup>(6)</sup>                 |               |
|                             |          |                                   |                  |                        |                      |                    |                                    |               |
|                             |          |                                   |                  |                        |                      |                    |                                    |               |
|                             |          |                                   |                  |                        |                      |                    |                                    |               |
|                             |          |                                   |                  |                        |                      |                    |                                    |               |
|                             |          |                                   |                  |                        |                      |                    |                                    |               |
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|                             |          |                                   |                  |                        |                      |                    |                                    |               |
|                             |          |                                   |                  |                        |                      |                    |                                    |               |
|                             |          |                                   |                  |                        |                      |                    |                                    |               |
|                             |          |                                   |                  |                        |                      |                    |                                    |               |
|                             |          |                                   |                  |                        |                      |                    |                                    |               |
|                             |          |                                   |                  |                        |                      |                    |                                    |               |
|                             |          |                                   |                  |                        |                      |                    |                                    |               |
| Gross Totals <sup>(7)</sup> |          |                                   |                  |                        |                      |                    |                                    |               |

#### 5. CLAIM DETAILS

Nature of claim: (please tick the appropriate box)

Insolvency

Default

Transfer delay

Political risk

#### 6. HAVE YOU INCLUDED WITH THIS FORM?

Checklist of supporting documents (please tick)

**Protracted Default – please submit:**

Credit application form, signed by buyer

Invoices (showing contractual terms, if not, please provide terms and conditions)

Proof of delivery (if not available, please provide other proof of debt)

Completed twelve months trading statement from oldest outstanding debt with this customer and a summary of circumstances giving rise to loss

Correspondence in relation to attempt to recover the debt and other relevant documents

Discretionary Limit justification (if applicable)

**Transfer Delay: evidence of local currency deposit and administrative actions having taken place (if applicable)**

Correspondence in relation to general moratorium, war, etc

**Insolvency – in addition to the above documents listed under Protracted Default, please also submit:**

Include copies of all circulars and correspondence received from the liquidator(s)/trustee, your claim against the estate and/or confirmation of the outstanding amount against the estate

Confirmation of trustee/liquidator's appointment and all relevant correspondence

Details of your Reservation of Ownership (ROO) clause (please attach a copy of inventory and a copy of ROO clause)

Proxy Form – unsigned

Copies of authorisation or reinstatement of cover from Coface South Africa

Assignment document – signed

Correspondence detailing any dispute

**Export insurance only:**

Evidence of dispatch eg Bills of Landing and signed copies of the delivery receipts

Copies of relevant foreign exchange control

Documents relating to order confirmation and general sales conditions

Phyto Sanitary Certificate

All other relevant export documentation

**A claim cannot be considered lodged until receipt of this duly completed notification together with all supporting documentation. A claim must be lodged within the specified claims lodgement period (see policy documentation)**

#### 7. DECLARATION

I declare, to the best of my knowledge and belief, that the above details are true and complete and that no information has been withheld that may influence this notification. I confirm that I will advise Coface South Africa of any changes of circumstances in this notification. I also declare that this notification is not the subject of a dispute.

Authorised signature: \_\_\_\_\_

Number of pages (including this one): \_\_\_\_\_

Date: \_\_\_\_\_

Full name in capitals: \_\_\_\_\_

Position: \_\_\_\_\_

For and on behalf of: \_\_\_\_\_

(5) Please use this column to show how the outstanding debt was built up each month over the twelve month period. (6) Carried forward from previous month/year. (7) Include VAT if applicable. (8) If interest was included, please show separately.