

REQUEST FOR CLAIM RECOVERY / DECLARATION OF CLAIM

This document corresponds to a "Claim Collection Application" if the INSURANCE RECIPIENT has assigned to
"Euler Hermes Emporiki Services"
the claims management

Fill in all the requested data and send to "Euler Hermes Emporiki"
16, Laodikias Str. & 1-3, Nymfeou Str., Athens, Postal Code: 115 28
Tel: : 210 – 69 000 00 – Fax : 210 – 69 00001 / 2
e-mail: info.greece@eulerhermes.com

Within the statutory deadlines based on the Comprehensive Credit Insurance Policy.

POLICY HOLDER

- NAME:Contract Number:
- VAT NO: Tax Office :
- ADDRESS:
- Postal Code: CITY:
- Tel: FAX:e-mail:
- Contact Person :
- Tel: Fax:e-mail:
- Broker:

CREDITOR / BUYER

- NAME:
.....
- LEGAL FORM:
- VAT NO: Tax Office :
- ADDRESS:
- Postal Code: CITY: COUNTRY:
- Name of the contact person acting on behalf of the Creditor / Buyer:
- Tel: Fax:e-mail:
- Bank branches with which the Creditor / Buyer cooperates:
- a.**
- b.**
- c.**

INFORMATION BASED ON THE POLICY CONDITIONS

Unspecified buyer Specified buyer
 Approved credit limit : Approval date :
 Total amount of unpaid debt : Amount above the approved credit limit :
 Currency of the claim to be collected :

**DETAILS OF THE CLAIM TO BE COLLECTED
(INVOICES) (*)**

Invoice data	Issue date	Credit expiry date	Invoiced amount (plus VAT)	VAT Total

Minus the credit invoices value :

Minus collections / recoveries :

Interest rate	%	Interest rate amount In the currency of the claim to be collected
Statutory – post-maturity	
Legal transactions rate	
Penalty clause	Penalty clause amount in the currency of the claim to be collected	

Additional information

(Please note any piece of information useful for the collection process):

Guarantee	Yes <input type="checkbox"/> No <input type="checkbox"/>	Insolvency	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bad cheque	Yes <input type="checkbox"/> No <input type="checkbox"/>	Trade dispute	Yes <input type="checkbox"/> No <input type="checkbox"/>
Retention of title	Yes <input type="checkbox"/> No <input type="checkbox"/>	Guarantees or other safeguarding	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other comments:			

ATTACHED DOCUMENTS

- Number
- A Invoices
- B Other documents issued in the Creditor's / Buyer's name
- Ordering vouchers Shipping notes Bills of lading
- Credit invoices Acceptance notes
- Photocopied cheques / Bills of exchange
- C Account movement copies (of the current and past year) (Buyers account)
- D..... Relevant correspondence copies
- Other :

I do herewith declare that until the submission date of this application I did not possess or hold other information relating to the above-mentioned claim.

Date: / / 20.....

For the Company

 Signature and Stamp
 Name and position of the signatory

