From: .....

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.....

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Date…….. / ..... / ……...

To:

Euler Hermes Emporiki
16, Laodikias Str. & 1-3 Nymfeou Str. – 115 28 Athens
Tel: (210) 69000 00 Fax: (210) 69000 01 - 02
E-mail: info.greece@eulerhermes.com

POLICY NO: .....

PROROGATION REQUEST

BUYER'S NAME: .....……..... .....

ADDRESS: ……..... .....
..

VAT No: .....……..... **TEL:** .....……..... **FAX**: .....…….....

DATA RELATED TO THE INVOICES TO BE EXTENDED:

INVOICE No	ISSUE DATE	ORIGINAL CREDIT DURATION	AMOUNT (€)
.....……..	…….....	.....……	.....…
.....……..	…….....	.....……	.....…
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Total capital to be extended : EURO……

Duration of the extension period : ……... Months Extension expiry date: ……./……../……...

Current total debt amount : EURO…… ……..

Reasons for the extension, according to the buyer: ……..... .....……..…

For the company

Signature and Stamp
Name and position of the signatory