

## Notification of Non Payment

- Do you wish to:
- register this account as a Notification of Non Payment only? OR
  - mandate Atradius to collect, or to place this account for collection?  
(Please note that fees & charges will apply. Please refer to your policy or contact Atradius Client Relations)

### 1. Your details

Your Registered Name .....

Your Reference, Policy Type and Number .....

Customer Number .....

Hint: Your Policy Type and Customer Number appear on the Schedule 1 to your policy

### 2. Buyers details

What is the Registered Name of your Buyer (please include any trade styles)? .....

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Please also provide the following information about your Buyer (including country details).

Street Address .....

Postal Address .....

Name and Position of Contact Person .....

Telephone..... Facsimile .....

Email .....

Our Buyer Number if known .....

### 3. Description of goods/services

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### 4. Probable loss details

Total Contract Value which is overdue. Please state currency .....

Please detail all outstanding invoices which you have delivered to the buyer and for which you have not been paid.

Include any amounts which are not yet due for payment.

Delivered Date	Invoice Number	Invoice Amount (Include currency)	Payment Due Date	Extended Payment Due Dates*	Payment Terms	Payment Received
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....
.....	.....	.....	.....	.....	.....	.....

Total Amount Due .....

\* Were any extended due dates agreed by us or allowed by the policy?  yes  no

**5. Nature of loss**

- Have the goods been delivered and/or services invoiced?  yes  no
- Is the Buyer insolvent?  yes  no
- If Yes, please supply the Notice of Insolvency and evidence that the Proof of Debt has been lodged in the insolvent estate.
- Other. Please specify (e.g. Pre-Credit Risk, Non-Acceptance [Export only ], Political Risk).  yes  no

**6. Credit limit details**

- Credit Limit Approved by Us?  yes  no
- If Yes, please provide a copy of the relevant approval.
- Discretionary Credit Limit?  yes  no
- If Yes, please provide the documentation which you used to approve credit (e.g. trading experience, credit report).

**7. Is the buyer disputing your right to be paid?**

- yes  no
- If yes, please provide details .....
- .....
- .....

**8. Security relating to the debt**

- Do you hold any of the following securities:
- Retention of Title (e.g. Romalpa Type Clauses)?  yes  no
  - Guarantees and/or Indemnities?  yes  no
  - Irrevocable Documentary Credit (IDC)?  yes  no
  - Other. Please specify.  yes  no
  - .....
  - .....
  - .....

**9. What is the reason you have not been paid?**

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**10. Action taken to minimise loss**

Please describe what action you have taken to date in order to minimise your loss. Please also identify who has control of the goods and where.

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## Declaration

I declare and warrant that:

- (a) The information in this form and any attachments is true, complete and correct;
- (b) Acceptance of this form is not an acceptance of any claim by Atradius;
- (c) I have authority to provide the collection mandate (if applicable);
- (d) I have authority to complete and sign this Declaration.

Signature .....

Name .....

Position .....

Date .....

Telephone .....

Facsimile .....

Email .....

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### The Privacy Act 1988 - Information

The Privacy Act 1988 contains National Privacy Principles which require us to tell you that as an insurer, we collect, handle, store and disclose your personal and sensitive information in order to:

- decide whether to issue the Policy;
- determine the terms and conditions of the Policy;
- compile data; and
- handle claims.

Sensitive information includes, amongst other things, information about an individual's health, membership of professional associations and criminal records. You have given us your consent to collect your personal and sensitive information in order to issue you with the Policy.

We disclose personal information to third parties who we believe are necessary to assist us and them in providing the relevant services and products. For example, in handling claims, we may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, investigators, agents and others involved in the claims handling process, or as required by law. We limit the use and disclosure of any personal information provided by us to them to the specific purpose for which it was supplied.

You have the right to seek access to your personal and sensitive information and to correct it at any time. We aim to ensure that your personal information is accurate, up to date and complete. Please contact us on (02) 9201 5222 if you would like to seek access to or revise your personal information or feel that the information we currently have on record is incorrect or incomplete or believe that the privacy of your personal information has been interfered with. In these cases, you are entitled to raise your concerns. Your complaint will be managed and resolved through our internal Customer Feedback process.

Should you wish to obtain more information about our privacy policies, please contact us and ask for our Privacy Officer.

From time to time, we may advise or offer you information on other products or services that may be relevant and of interest to you. If you do not wish to receive these offers or information please call (02) 9201 5222.

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### Submitting your proposal

Atradius Client Relations  
Locked bag 2  
ROYAL EXCHANGE NSW 1225  
Phone 1800 467 448  
Facsimile 1800 888 574