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| **CLAIM APPLICATION FORM** | **C** |
|  | Facility |

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| --- | --- | --- |
| **Full name of insured**: | | |
| **Telephone:** | **Fax:** | **Policy no.:** |

|  |  |  |
| --- | --- | --- |
| **Full name of debtor:** | | |
| **Registered office:** | | **Debtor reference**  **number:** |
| **Tax no.:** | | |
| **Telephone number:** | **Fax number:** | |
| **Contact person:** | | |
| **Mobile telephone number:** | **E-mail address:** | |

***Part I***

1. The date of occurrence of the insured event:
2. Reason for default on payment:
3. Amount, currency of claim:
4. List of existing receivables from the debtor, including receivables that have not yet expired:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **The contract and/or order + confirmation** | | **Contractual performance (delivery) date** | **Invoice for performance** | | | | | |  |
| **number** | **date** | **number** | **date** | **due date** | **currency** | **original amount** | **partial deliveries** | **latest balance due** |
|  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |
|  | | | | | **Total:** |  |  |  |  |

***Part II***

1. Does the Debtor have any opposing receivable or legitimate claim for a discount from your company/holding (or a co-insured company)?

Yes  No

Amount, currency:

1. Are there any assets or debts due to the Debtor in your possession?

Yes  No

Amount, currency:

1. Do you have any type of security or other covenant in respect of the Debtor?

Yes  No

If yes:

pledge amount, currency:

suretyship amount, currency:

bill of exchange amount, currency:

bank guarantee amount, currency:

reservation of title amount, currency:

other:

1. Does the contract stipulate a purchase price commission?

Yes  No

Amount, currency:

1. Is the commission still due under the contract if the Debtor does not pay?

Yes  No

Amount, currency:

1. What instructions are given in the contract with respect to the commission mentioned in point 4?

To whom and when is it payable?

1. Please attach copies of the following documents as an annex to this claim application form:
   * foreign trade contract, or in the absence of such, orders and confirmations
   * invoices relating to the receivable specified in the indemnity claim
   * statement giving a detailed breakdown of the foreign trade relationship with the Debtor (invoice numbers, delivery dates, due dates, dates of payments, unpaid invoices) in the one-year period preceding the date of performance of the oldest invoice submitted as a part of the claim
   * correspondence related to the collection of the receivable.
   * certificate/proof of origin

***Part III Request for maintenance of the credit limit in case of a non-payment insured event\****

1. *Pursuant to Part XI, Section 1.4.1. of the General Contractual Conditions*\* (a declaration in respect of this section is only required from insured parties for whom the opportunity to make an individual request for maintenance of the limit is assured under the terms of the GCC in effect from 15.09.2015)

*we request,*  *we do not request,*

*that MEHIB Zrt. refrain from cancelling the credit limit established in respect of the above debtor.*

1. *We request that the Insurer restore the limit\* for the given debtor (a declaration in respect of this section may only be made by insured parties with an insurance policy governed by the GCC of the Facility C insurance valid from 1 April 2017).*

*We acknowledge that until our request for maintenance or restoration of the credit limit has been approved, MEHIB Zrt. will not provide insurance cover for deliveries after occurrence of the insured event. The Insurer shall only assume risk in respect of new deliveries on the basis of a positive decision by MEHIB Zrt. regarding the debtor, and a separate written limit notification to such effect.*

1. *Reason for the request:*
2. If you do not select any of the options, we will take this to mean that you do not request maintenance of the credit limit.
3. *In connection with the above also*

*we request,*  *we do not request,*

*that MEHIB Zrt. suspend collection of the receivable until the thirtieth day following occurrence of the insured event.*

***Part IV Information relating to indemnification:***

***We request that the Insurer make the indemnity payment in the following currency:***

1. the currency of the receivable or HUF (if the currency of the receivable is EUR or USD):

EUR  USD  HUF

1. HUF (if the currency of the receivable is not EUR or USD)

Date:

………………………………… …………………………………………….

*Insured Co-insured/Assignee/Pledgee \**

*official signature\* official signature*

*names: names:*

*positions: positions:*

*\*: If the insured has transferred its claims against the debtor or the claim payment arising from the insurance contract to a third party (assignee, co-insured or pledgee – collectively: beneficiaries) and submits a claim to the insurer on the basis of this right, then the beneficiary's corporate signature on the form is sufficient.*

*In the event that both the insured and the beneficiary submit a claim for damages against the same debtor at the same time on this form, we request that both the insured and the beneficiary provide it with their corporate signature.*