

Notification of claim and collection mandate

Policy with collection service through AXA

Please complete this form, sign it, and send it – together with the necessary documents – to: AXA Insurance Ltd., Credit, Surety & CLP, General-Guisan-Str. 40, P.O. Box 357, 8401 Winterthur

Policy		
Policyholder:		
Policy no.:		
Buyer		
Name:		
Dossier risk no. (DR no.):		
Address:		
Postcode/city:		
Country:		
Phone:		
E-mail:		
Amount notified		
Currency		
Details of the claim (opti	onal)	

- Receivable is contested by the buyer
- Collateral available for the notified claim
- □ Return of goods has been undertaken or is still possible
- □ Other

Reason for the notice of claim

- □ Late payment
- □ Opening of insolvency or restructuring proceedings
- □ Other

Necessary documents

Following copies of documents are enclosed

- □ List accounts receivable
- □ Invoices
- □ Proof of delivery



Further documents (optional)

- □ Orders & order confirmations
- □ Reminder/s
- □ Legal Application
- General terms and conditions
- □ Others

Power of attorney

We authorize AXA Insurance Ltd., General-Guisan-Strasse 40, 8401 Winterthur, office address: AXA Credit, Surety & CLP, General-Guisan-Str. 40, 8401 Winterthur, to represent our interests in the above matter against the debtor and any third parties in respect of debt recovery. The authorization includes in particular:

- The right to appoint further substitutes (right of substitution)
- Extrajudicial representation and representation before all domestic and foreign courts, administrative authorities and arbitration courts
- · Conclusion of agreements in respect of the place of jurisdiction and arbitration
- To undertake legal remedies, submit waivers, agree settlements, recognize and withdraw legal actions, enforce judgements and settlements.
- Receipt and issuance of securities, payments and other subject-matters in dispute.
- Execution of all debt enforcement procedures, including petitions for bankruptcy.
- Subject to deviating procedural provisions, this authorization does not end with the bankruptcy or the incapacity to act of the policyholder.

This authorization is issued to carry out an instruction that the policyholder has agreed with AXA Insurance.

Place and date

Company signature and stamp