

# Trade Credit

## Loss Payee Request Form

Please complete all sections. This request will automatically continue in respect of subsequent policies unless We receive instructions to the contrary. Where you require different Loss Payees for different companies covered by the Policy, please complete a separate form for each Loss Payee.

### Customer Relations

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Member of the Association of British Insurers

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## Section 1 – Your Details

<b>Insured Name</b>	
<b>Policy Reference</b>	
<b>Names of Insured Companies this request relates to</b> (state "all" if it applies to the entire policy)	
<b>Effective Date of Assignment</b>	

## Section 2 -Loss Payee Details

<b>Company Name</b>	
<b>Company Reg No</b>	
<b>Address:</b>	
<b>Contact Name</b>	

## Section 3 – Loss Payee Payment Details for BACS payments

<b>Bank Account Name</b>	
<b>Bank Account Number</b>	
<b>Bank Account Sort Code</b>	
<b>BIC / SWIFT Number</b>	
<b>IBAN</b>	

## Section 4 - Declaration

<b>Authorised Signature</b>	
<b>Name of Signatory</b>	
<b>Position in Company</b>	
<b>Email Address</b>	
<b>Date</b>	