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| Declaration Form |

*In accordance with the Coface Trade Credit Insurance Contract*

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| **The Insurer** | Compagnie Française d’Assurance pour le Commerce Extérieur  A.R.B.N. 130 761 116 (INCORPORATED IN FRANCE, WITH LIMITED LIABILITY), BRANCH IN AUSTRALIA |

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| --- | --- | --- | --- | --- |
| **INSURED DETAILS** | | | | |
| **Company Name**  (correct legal entity) |  | | | |
| **Contract Number** |  | | | |
| **Turnover for the months of** | |  | To: |  |

***Please declare all amounts in currency of contract***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ACTUAL TURNOVER | |  | | | |
| **Country** | **Sales** | **Country** | **Sales** | **Country** | **Sales** |
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|  |  |  |  | **TOTAL** |  |

\*If the actual turnover reported above is less than the estimated turnover declared at the start of this policy, please explain why.

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name**  (correct legal entity) |  | | |
| **Signature** |  | **Position in the company** |  |
| **Name of signatory** |  | **Date** | /  / |

**\* Coface reserves the right to request financial/sales information and copies of documents to confirm insured turnover amount declared**

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