

Equinox Global use only:	
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1. Claimant details

Policy No.					
Policyholder name					
Indicate whether	Lead Insured			Joint Insured	
Address					
Contact Name		Position			
Email address					
Telephone No.		Fax No.			

2. Buyer details

Company name			
Trading style			
National Identifier		VAT No.	
Registered Address (incl postcode)			
Trading Address (if different)			
Equinox ID			

2a. Justification for credit limit

Equinox Approved credit limit		Discretionary credit limit (DCL)	
If credit limit was approved under DCL please provide details of how you justified the amount:			

2b. Trading terms

Contractual Payment Terms	
Date Account First Opened	

2c. Method of Trading

- Open account
 - Consignment Stock
 - Letters of Credit
 - Bill of Exchange
 - Other

If other, please give details:

For any disputed invoices please give details:



3. Debt details (use a continuation sheet if required)

Currency:				Exchange rate (if applicable)	
Invoice No.	Invoice date	Due date	Net amount	VAT amount	Outstanding amount
	__/__/__	__/__/__			
	__/__/__	__/__/__			
	__/__/__	__/__/__			
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	__/__/__	__/__/__			
	__/__/__	__/__/__			
Total Invoiced					
				Amount of any pre-shipment exposure (if applicable)	

4. Details of claim

a. Reason for claim (please select only one option)

- Insolvency
 - Protracted Default
 - Public Buyer Default
 - Currency Inconvertibility

b. Security held

- Retention of title
 - Guarantee
 - Set-off rights
 - Lien
 - Other

If yes to any security option please give details:

c. Actions taken to enforce security (please give details):

d. Recovery actions (please give details):

5. Trading history with the buyer (enter details for the 12 months prior to the first unpaid invoice)

This section must be completed. Enter the opening balance and include all transactions built up in chronological order including the outstanding part of the debt. If completed correctly the final balance will match the gross amount of your claim

Month and year	Amount invoiced	Amount received	Credit notes	Month End Balance
Opening Balance				

6. Checklist – please attach the following documents, where applicable, to your claim form

a. Copy of final statement	<input type="checkbox"/>
b. Copies of invoices	<input type="checkbox"/>
c. Proof of delivery	<input type="checkbox"/>
d. Copy written orders	<input type="checkbox"/>
e. Evidence or Notice of insolvency	<input type="checkbox"/>
f. Evidence of actions taken to mitigate the loss and to recover the debt (including payment plan)	<input type="checkbox"/>
g. Evidence of written demand to buyer and/or guarantor	<input type="checkbox"/>
h. Copies of any response from the buyer and/or guarantor to written demand	<input type="checkbox"/>
i. Evidence (if available) that debt has been accepted in the insolvent estate of buyer, or explanation why this is not available	<input type="checkbox"/>
j. Copy of contract or financing agreement (for banks)	<input type="checkbox"/>
k. Confirmation of Debt from Insolvency Practitioner	<input type="checkbox"/>
l. Copy of Proof of Debt as lodged with the Insolvency Practitioner	<input type="checkbox"/>
m. Any other information relevant to support the claim (please give details below):	<input type="checkbox"/>

**Please complete all the sections of the form and return to:
The Claims Department, Equinox Global Limited, Sutherland House, 3 Lloyd’s Avenue, London, EC3N 3DS**

The form may be completed on screen, however, the completed form must be printed out and signed before submission.

7. Declaration

I declare that to the best of my knowledge and belief, the above details are true and complete and that no information has been withheld that may influence the assessment of the claim. I undertake to inform Equinox Global Limited of any changes in circumstances relating to this claim, including any recoveries.

Signature		Name (Print)	
Position		Date	__/__/__