# Non-Payment Notification

**Se lo spazio previsto per le risposte è insufficiente, si prega di fornire i dettagli su un foglio separato**

**If there is insufficient space for the answers, please provide details on separate sheet(s)**

# POLICYHOLDER/PRINCIPAL

###### Company Name

**Policy Number Country**

# BORROWER

###### Company Name

**Address City/Country ZIP**

**Telephone Number Fax**

**Additional information**

### Unpaid overdue amount Due date

**Total amount due**

**Disputed by the Borrower**

**(Please attach herewith copy of the relevant communications and details)**

# GUARANTOR (if any)

###### Company name

**Address City/Country ZIP**

**Telephone Number Fax**

**Additional information**

The Policyholder intends to act for recovery:

Directly through SACE

Should the Policyholder opt to proceed with the recovery through SACE, the Policyholder hereby grants an irrevocable mandate to SACE, with representation and without any reporting obligation, to act, in its own name and on its own behalf, also through third parties, for the recovery of the Credit claimed against the abovementioned Borrower for principal, interest and recovery costs. The principal hereby also assumes full liability for the representations made and undertakes to indemnify SACE, or any third parties in charge of recovery, against any non-contractual claims for losses and/or damages made by the Borrower / Guarantor.

**Please note that, for the purposes of the claim assessment, it is necessary to provide the documentation set forth in the General Conditions of the Insurance Policy, along with any relevant communication with the Borrower, without prejudice to SACE's right to request additional documents.**

Notes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# DETAILS OF THE INSURED TRANSACTION

|  |  |  |
| --- | --- | --- |
| **INVOICED CONTRACT AMOUNT**  **(please report any amendments/changes made pursuant to the Policy)** | | |
| **Currency and Amount:** |  | |
| **Date of entry into force:** |  | |
| **Contract down payment** | **Actual paid amount:** | **Payment date:** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **EFFECTIVE PAYMENT PLAN/AMORTIZATION SCHEDULE** | | | | | | | |
| **No** | **Date of**  **Shipment**  **(\*)** | **Starting Point of Credit Date (\*)** | **Maturity Date** | **Currency** | **Principal Amount** | **Interest** | **TOTAL**  **AMOUNT** |
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(\*) **if the starting point of credit does not coincide with the date of the individual shipments** (e.g. invoice date, weighted average date of shipments, acceptance test/testing date, provisional acceptance date, etc.…), please specify both the date of shipment and the starting point of credit.

Date: Policyholder’s/Principal’s

signature and stamp

[Courtesy translation in English provided by SACE S.p.A.]