

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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Section 1 – Your Details

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

Section 2 -Loss Payee Details

Company Name	
Company Reg No	
Address:	
Contact Name	

Section 3 – Loss Payee Payment Details for BACS payments

Bank Account Name	
Bank Account Number	
Bank Account Sort Code	
BIC / SWIFT Number	
IBAN	

Section 4 - Declaration

Authorised Signature	
Name of Signatory	
Position in Company	
Email Address	
Date	