

NOTIFICATION OF OVERDUE AMOUNT  
INCL. REQUEST FOR INTERVENTION

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DATA ON POLICY HOLDER

Policy number \* \_\_\_\_\_  
Company name \* \_\_\_\_\_  
Company code \* \_\_\_\_\_  
Contact person \* \_\_\_\_\_  
Bank \_\_\_\_\_ Account \_\_\_\_\_  
Tel. no. \_\_\_\_\_ Fax. no. \_\_\_\_\_ Mob. no. \_\_\_\_\_  
e-Mail \_\_\_\_\_

Fill if the holder of the asset is not the main policy holder only:

Company name \_\_\_\_\_  
Company code \_\_\_\_\_  
Contact person \_\_\_\_\_  
Bank \_\_\_\_\_ Account \_\_\_\_\_  
Tel. no. \_\_\_\_\_ Fax. no. \_\_\_\_\_ Mob. no. \_\_\_\_\_  
e-Mail \_\_\_\_\_

DATA ON YOUR CUSTOMER (DEBTOR)

Credit limit decision no. \_\_\_\_\_  
Company name \* \_\_\_\_\_  
Company code \* \_\_\_\_\_  
Address \* \_\_\_\_\_  
Contact person \_\_\_\_\_  
Tel. no. \_\_\_\_\_ Fax. no. \_\_\_\_\_ Mob. no. \_\_\_\_\_  
e-Mail \_\_\_\_\_  
Bank, bank code, account \_\_\_\_\_  
Credit limit (amount) \_\_\_\_\_  
Maximum credit period (as stated in policy) \_\_\_\_\_  
Due date (as agreed with customer) \_\_\_\_\_

\*obligatory to fill



**NOTIFICATION OF OVERDUE AMOUNT**

Total of outstanding amount	_____	Currency	_____		
Overdue amount	_____	Currency	_____	VAT	_____ %

Unpaid invoice no.	Date of the invoice	Date of the overdue amount *	Overdue amount
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\*date when the payment should be made.

If the number of the unpaid invoices are more than 12, continue list at the 3th page.

**Risk**

- Risk with credit limit
- Discretionary limit

Additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

From now on, please send the notification of overdue amount only once - even if the amount is still outstanding in the following invoicing period. A new notification is necessary only if other unpaid invoices have become overdue.

We confirm that, to the best of our knowledge, the information we have supplied is complete and correct.

_____	_____	_____
Date, place	Position, signature	Stamp

