

Application for Credit Limit Endorsement

Swiss Re International SE, Australia Branch ABN 38 138 873 211 AFSL 355 088

Please return the completed form to tc_i_limits@swissre.com

Use the currency unit the policy is denominated in.

Your company name – The insured

Broker or agent's name (if any)

Policy number

Date (DD/MM/YYYY)

Your customer - The buyer (All amounts should be expressed in your policy currency)

Name of buyer (correct legal entity)

Registration no. (if applicable)

Application amount (in the Policy currency)

Trading or business name

Address

Postcode

Country

City

Website

Telephone

Payment terms (only if different from the approved Terms of Payment on the Policy)

Your customer reference (if applicable)

Buyer is: ☐ New account ☐ Existing customer

If Buyer is a new account and the request is for a Sole Trader or a partnership of individuals, please provide each person's Full Name and Address.

Please use the Comments box to capture additional name and address details and any Trading Names.

We have no knowledge of anything of concern or importance that would affect the Insurer's acceptance of this risk including but not limited to any payment delay, collection or legal action. If this statement is true, then please tick Yes below.

If yes, please comment below.

Yes ☐ No ☐

If No, please add comments below giving:

1. Full details of your aged outstanding and orders on hand and full commentary; and
2. Full details of any concerns or information that you believe are material to our acceptance of this risk

General comments

General comments and any other information you think may be helpful to assist us to provide the required cover:

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