Swiss Re

Selective Proceeds Assignment

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

Please return the completed form to tci_support@swissre.com

The original will be noted by an underwriter for the insurer and returned to the insured

The policy (policy number)

The insured | Registration no. (if applicable)

("the insured") for valuable consideration hereby assign all its right, title, and interest in all monies, proceeds and other amounts assured by or to become payable to the Insured under or by virtue of the policy, but only in respect of Insured transaction(s) with Insured buyers and/or countries listed below, to

The assignee | Registration no. (if applicable)

("the assignee") whose receipt shall be a valid discharge by the Insured.

Assignee's address

Postcode | Country

Declaration and undertakings of insured and assignee

The insured hereby irrevocably and unconditionally:

(a) authorises the assignee to submit claims under the policy for consideration by the insurer (and the Insurer will be entitled in all things to act on the written instructions of the assignee in respect of any claims to the exclusion of the insured, notwithstanding any direction of the insured to the contrary);

(b) authorises the Insurer to provide to the assignee from time to time copies of all notices and other documents of material interest pertaining to the policy, including the Credit Limit Endorsements of the relevant insured buyers (and changes thereto); notice of unpaid premiums and other information which may relate to or reveal the creditworthiness of the insured ("the information");

(c) agrees to hold the insurer harmless from any error on the part of the insurer in compiling, publishing or forwarding the Information;

(d) acknowledges that the efficacy of this assignment is subject to strict observance by the Insured of all the terms and conditions of the policy; and

(e) agrees to indemnify and hold the Insurer harmless in respect of any loss, claim, damages or demand suffered or incurred by the Insurer as a result of it acting in accordance with the provisions of this assignment and this assignment subsequently being found, determined or held to be void, voidable, unlawful or ineffective.

The assignee accepts this assignment subject to the terms, conditions and undertakings stated above.

Insured buyers' details

Name and address of insured buyer		Country of buyer	Permitted Credit Limit and terms of payment approved by the insurer
Name	Address		

Signatures of insured and assignee

The insured and the assignee, each for its part, by signing below accept the terms, conditions and undertakings of this assignment.

Signature of insured

Date (DD/MM/YYYY)

Name of signatory

Signature of assignee

Date (DD/MM/YYYY)

Name of signatory

Assignee's contact name

Assignee's telephone

Assignee's email

To the insured and the assignee

1. Pursuant to Policy conditions, the insurer hereby consents to the above assignment in this approved form. Such consent does not expressly or by implication vary, extend or otherwise affect its rights and liabilities under the policy.
2. The insurer confirms that as at the date of its signing below:

   (a) all premiums due on the policy have been paid in full; and

   (b) the policy has not been cancelled.

For and on behalf of the Insurer.

Signature of underwriter

Date (DD/MM/YYYY)

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