



PREMIUM INVOICE

INVOICENO:
DATE
DUE DATE

INSURED / POLICYHOLDER

COMPANY NAME
ADDRESS LINE 1:
ADDRESS LINE 2:
VAT / TAX ID:

POLICY & COVERAGE INFORMATION

POLICY NUMBER:
ENDORSEMENT NO:
POLICY PERIOD:
COVERAGE TYPE:

DESCRIPTION / PREMIUM BASIS	INSURED VOLUME	RATE (%)	CURRENCY	PREMIUM AMOUNT
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NET PREMIUM:

INSURANCE TAX (IPT):

FEES / LEVIES:

TOTAL PAYABLE:

PAYMENT INSTRUCTIONS

BANK NAME:
SWIFT / BIC:
IBAN:
ACCOUNT NUMBER:

REFERENCE CODE:

PAYMENT TERMS:

This invoice is issued subject to the terms, conditions, and exclusions of the Credit Insurance Policy referenced above. Please ensure payment is made on or before the due date to maintain continuous coverage. Failure to pay premium may result in suspension or cancellation of policy cover.

THANK YOU FOR YOUR BUSINESS