

INVOICE

Invoice No:

Date:

Due Date:

INSURED / POLICYHOLDER	POLICY DETAILS								
.....	<table border="1"><tr><td>Policy Number:</td><td>.....</td></tr><tr><td>Policy Period:</td><td>.....</td></tr><tr><td>Broker Name:</td><td>.....</td></tr><tr><td>Country of Cover:</td><td>.....</td></tr></table>	Policy Number:	Policy Period:	Broker Name:	Country of Cover:
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Policy Period:								
Broker Name:								
Country of Cover:								

DESCRIPTION / PREMIUM CALCULATION BASIS	RATE / %	TAXABLE AMOUNT	AMOUNT (EUR)
Export Credit Insurance Premium Based on declared turnover / limit.
Policy Administration Fee Annual administration and maintenance cost.		
Limit Assessment Charges Buyer credit limit assessment fees.		
		Net Premium / Fees Subtotal:
		Insurance Premium Tax (IPT):
		Total Amount Payable:

PAYMENT INSTRUCTIONS & BANK DETAILS

Please remit payment to the bank account specified below within the payment terms specified above. Mention the Invoice Number and Policy Number as payment references.

Account Holder:

Bank Name:

IBAN:

BIC / SWIFT:

Corporate ID / Tax Number: | Contact Email: