Coface Sverige · Kungsgatan 33 · 11156 Stockholm, Sweden
Phone +46 (0) 8 534 81 500 · Fax +46 (0) 8 534 81 529 · www.coface.se · info@coface.se

GLOBALLIANCE CONTRACT

TURNOVER DECLARATION

Please use only this form to declare the turnover that is covered by your insurance.

Please send by letter or fax to the following address:

Coface Sverige
Kungsgatan 33
11156 Stockholm
Sweden

Fax: +46 (0) 8 534 81 529

Insured:

Contract-No.: _____

TURNOVER STATEMENT

Turnover concerning the period:

from: _____ to: _____

Country	Currency	Amount (VAT exempt)

FURTHER INFORMATION

Date: _____ Legally binding signature: _____

Clarification of signature: _____