Insurance Commitment in Principle no. (GV No.)*: ……..
Policy no. (VP No.)*: ……..
Client No.*: ……..

*) if known
V1.3

Schweizerische Exportrisikoversicherung
Assurance suisse contre les risques à l'exportation
Assicurazione svizzera contro i rischi delle esportazioni
Swiss Export Risk Insurance

serv

Place, Date	Contact Person
	Reference
Company Name	T
Street	F
Post Code/Place	E-Mail
	Application date
SERV-Contact	Project/Export item
E-Mail	Country
T	Order placed by /Place

Dear Sir or Madame,

In order to process the above application, the policyholder information listed below should be updated.

We apply for access to the online application system for the following persons:

Name, Surname Phone direct E-Mail address

We kindly ask you to complete the enclosed form and return it to:

Fax 044 / 384 47 87 or @serv.ch.com

Attn:

Informations regarding the policy holder:

Entered into the commercial register: (Year)
(First time applicants should enclose a copy of the commercial register extract)

Capital in CHF millions:
Number of employees:

Value of total exports
over the last 3 years: In CHF millions As a percentage of total sales

Place and Date

Legally registered signature of the applicant /Company seal

Swiss Export Risk Insurance, Kirchenweg 8, PO Box, CH-8032 Zurich
T +41 44 384 47 77, F +41 44 384 47 87, info@serv-ch.com, www.serv-ch.com