



NOTICE OF CESSION CREDIT INSURANCE

Please fill out the original and return it signed to your house bank.
One copy goes to Coface.

<p>POLICY HOLDER Company name Address postal code Town</p>
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<p>CREDIT INSTITUTION Company Name Address Postal code Town IBAN BIC</p>
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Compagnie Francaise D'Assurance Pour
Le Commerce Exterieur SA Niederlassung Austria
Marxergasse 4c
1030 Vienna

Data processing number (DVR): 0053503

NOTICE OF CESSION of policy no. _____

Subject to your agreement and in accordance with the provisions of the insurance contract we hereby irrevocably cede the claims from the above named policy to the credit institution named and signed in this notification and request your written agreement.

This cession shall not be affected by possible future amendments to the policy and remains in force until you are informed by us in writing of an amicable withdrawal of cession.

Best regards,

Place, Date

Policy holder's company signature or stamp

Place, Date

Credit institution's signature or stamp