



REGISTRATION FOR COFANET ESSENTIALS

Register by letter or telefax +43/1/515 54-50292

To
Compagnie Francaise D'Assurance Pour Le Commerce Exterieur SA Niederlassung Austria
Marxergasse 4c
1030 Vienna

DATA ON COMPANY

Company name _____
Street, Number _____
Postal code _____ City _____
e-Mail _____

We hereby apply for access to the Cofanet Essentials and CofaMove online service of Coface in accordance with the General Terms for the Use of CofaNet Essentials and CofaMove Compagnie Francaise D'Assurance Pour Le Commerce Exterieur SA Niederlassung Austria. The following policies will be covered:

POLICY NUMBER

- a) _____
- b) _____
- c) _____
- d) _____

We hereby authorize the following persons to use CofaNet Essentials and CofaMove, each with a separate password, and also authorize these persons to file credit applications (please name **one** person as your administrator):

Name	e-Mail	Authorisation for Policies	Admin.
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Place, Date

Authorized Signature