

Effective Period

from
to



EXTENSION OF DUE DATE

Date of notification

Please forward this notification to
Coface Japan

Policy No.

コファスジャパン信用保険会社
〒105-0001 東京都港区虎ノ門1-2-8
Tel 03(5521)2180 - Fax 03(5521)2189

Policyholder and/or Insured

BUYERS IDENTIFICATION

Buyers name	<input type="text"/>			
Buyers reference in your system	<input type="text"/>	Coface number	<input type="text"/>	
Address	<input type="text"/>			
	Town	<input type="text"/>	County	<input type="text"/>
	Postal code	<input type="text"/>	Country	<input type="text"/>
Telephone number	<input type="text"/>	Fax number	<input type="text"/>	
Buyer's registration number	<input type="text"/>	VAT number	<input type="text"/>	

EXTENSION REQUEST

Currency

Invoice amount	Date of invoice	Initial due date	EXTENSION REQUIRED	
			Amount	Extended due date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Please provide the reasons for extension of initial due date		<input type="text"/>		

Name of the Signatory

Date

Signature



Decision par Coface

Date

Name of the signatory

Signature