

TURNOVER DECLARATION OF INSURED TRANSACTIONS

Please return the completed form to tradecredit@tbcco.com.au within 14 days after the end of each declaration period to the Insurer.

Name of Insured: _____

Policy Number: _____

Policy Currency: _____

In accordance with the above Policy, we advise you of our declaration for premium purposes for the months

_____ of _____ to _____

Please provide Insured transactions by state/ territory of buyer domiciled _____

| AUSTRALIAN TRADE | DECLARED AMOUNT OF TRANSACTIONS | RATE OF EXCHANGE USED TO CONVERT INVOICE CURRENCY TO POLICY CURRENCY (WHERE APPLICABLE) |
|------------------------------|---------------------------------|---|
| Australian Capital Territory | _____ | _____ |
| New South Wales | _____ | _____ |
| Northern Territory | _____ | _____ |
| Queensland | _____ | _____ |
| South Australia | _____ | _____ |
| Tasmania | _____ | _____ |
| Victoria | _____ | _____ |
| Western Australia | _____ | _____ |
| TOTAL | _____ | _____ |

State/territory breakdown of transactions is required for stamp duty purposes in Australia

| OTHER APPROVED COUNTRY | DECLARED AMOUNT OF INSURED TRANSACTIONS | RATE OF EXCHANGE USED TO CONVERT INVOICE CURRENCY TO POLICY CURRENCY (WHERE APPLICABLE) |
|------------------------|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| TOTAL | _____ | _____ |

Approved country: you are required to declare for the approved countries listed in your policy schedule.

Name: _____ Position of Signatory: _____

Email: _____

Signature: _____ Date: _____