

UK Collections Debt Placement Form

Euler Hermes Collections UK Ltd
1 Canada Square London E14 5DX
Tel 020 7860 2756
Fax 020 7860 2651
<http://collections.eulerhermes.co.uk>



EULER HERMES
Collections

Your Company Details	
Name	
Address	
	Postcode
Tel. No.	Fax No.
Authorised by	Client No.
Broker Name (if applicable)	Contact Name
Contact Tel. No.	E-Mail Address
If a Euler Hermes UK plc Policyholder, please state policy No.	

Important Note

When placing your debt with EHC, please ensure you provide a copy of your terms of trade with your debtor. This will help us to maximise your ability to seek recovery of any contractual costs you have incurred in taking collection and legal action to recover your unpaid debt.

Account for Recovery		
1	Business Name	Contact Name
	Address	Postcode
	Tel. No.	Fax No. Ref. No.
	Debt Value £	Plus (if applicable) *Interest £
	Plus (if applicable) *Any Collection Cost £	Total Value to Collect £
	*Would you like us to try and collect our fees from your Debtor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Is this an insured Account? Yes <input type="checkbox"/> No <input type="checkbox"/> Oldest Due Date / / Company ID No.	
2	Business Name	Contact Name
	Address	Postcode
	Tel. No.	Fax No. Ref. No.
	Debt Value £	Plus (if applicable) *Interest £
	Plus (if applicable) *Any Collection Cost £	Total Value to Collect £
	*Would you like us to try and collect our fees from your Debtor? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Is this an insured Account? Yes <input type="checkbox"/> No <input type="checkbox"/> Oldest Due Date / / Company ID No.	

*It is important to note that we cannot enforce the collection of interest and fees unless necessary clauses appear within your Terms and Conditions

Notes		
Please attach (if available)	Current statement of accounts for each Debtor <input type="checkbox"/>	Dispute details, if applicable <input type="checkbox"/>
	Any relevant correspondence / comments <input type="checkbox"/>	
All recoveries are conducted subject to our usual terms of business as set out in the leaflet supplied.		
Please post or fax this form to: Euler Hermes Collections UK Ltd, 1 Canada Square, London E14 5DX Fax: 020 7860 2651		
Please note: We also have an International Collections Service, a Tracing Service, a Letter Service and a Terms and Conditions Service.		
Please ask for further details		
The Data Protection Act 1998 information notice:		
Euler Hermes Collections UK Limited will process personal data ("data") provided about you or your business' owner, partner, directors, officers and employees to carry out its debt recovery and associated credit management services. The data will be held securely and may be passed to third party agents, legal advisers and suppliers, e.g. banks, credit reference agencies, members of the Euler Hermes group of companies, located in and outside the EEA, necessary to progress such activities. All calls are monitored for training and quality purposes. For information on our Data Protection Act 1998 policy, you may contact the Compliance Officer at Euler Hermes UK plc at the address below, but you are advised to seek your own independent legal advice.		

PLEASE TURN OVERLEAF FOR FURTHER ACCOUNTS FOR RECOVERY

1S0-119

FRM 17 VERSION 09/08

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Your Company Details
Name

Account for Recovery			
3	Business Name	Contact Name	
	Address	Postcode	
	Tel. No.	Fax No.	Ref. No.
	Debt Value £	Plus (if applicable) *Interest £	
	Plus (if applicable) *Any Collection Cost £	Total Value to Collect £	
	*Would you like us to try and collect our fees from your Debtor?		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Is this an insured Account? Yes <input type="checkbox"/> No <input type="checkbox"/>	Oldest Due Date / /	Company ID No.
4	Business Name	Contact Name	
	Address	Postcode	
	Tel. No.	Fax No.	Ref. No.
	Debt Value £	Plus (if applicable) *Interest £	
	Plus (if applicable) *Any Collection Cost £	Total Value to Collect £	
	*Would you like us to try and collect our fees from your Debtor?		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Is this an insured Account? Yes <input type="checkbox"/> No <input type="checkbox"/>	Oldest Due Date / /	Company ID No.
5	Business Name	Contact Name	
	Address	Postcode	
	Tel. No.	Fax No.	Ref. No.
	Debt Value £	Plus (if applicable) *Interest £	
	Plus (if applicable) *Any Collection Cost £	Total Value to Collect £	
	*Would you like us to try and collect our fees from your Debtor?		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Is this an insured Account? Yes <input type="checkbox"/> No <input type="checkbox"/>	Oldest Due Date / /	Company ID No.
6	Business Name	Contact Name	
	Address	Postcode	
	Tel. No.	Fax No.	Ref. No.
	Debt Value £	Plus (if applicable) *Interest £	
	Plus (if applicable) *Any Collection Cost £	Total Value to Collect £	
	*Would you like us to try and collect our fees from your Debtor?		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Is this an insured Account? Yes <input type="checkbox"/> No <input type="checkbox"/>	Oldest Due Date / /	Company ID No.
7	Business Name	Contact Name	
	Address	Postcode	
	Tel. No.	Fax No.	Ref. No.
	Debt Value £	Plus (if applicable) *Interest £	
	Plus (if applicable) *Any Collection Cost £	Total Value to Collect £	
	*Would you like us to try and collect our fees from your Debtor?		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Is this an insured Account? Yes <input type="checkbox"/> No <input type="checkbox"/>	Oldest Due Date / /	Company ID No.

If the space provided for answers is insufficient, please supply details on a separate sheet