

CO-INSURED ADDENDUM

Please complete the document in full for each additional co-insured to be added to the Coface Credit Control Questionnaire or Coface Trade Liner Questionnaire.

INSURED COMPANY DETAILS

Company name	
Company number	
Contract number	
Contract start date	Contract end date

CO-INSURED - AFFILIATE COMPANIES

Company Name 4	Company registration number
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Please confirm trading address, if different to 1.3

Shareholder link *(please tick the box that applies)*

<input type="checkbox"/> Subsidiary of insured <i>(51% or more shareholding)</i>	<input type="checkbox"/> Indirect Subsidiary of Insured <i>(Less than 51% shareholding)</i>
<input type="checkbox"/> Parent of the insured <i>(51% or more shareholding)</i>	<input type="checkbox"/> Indirect parent of the insured <i>(Less than 51% shareholding)</i>
<input type="checkbox"/> Common ownership <i>(insured and co-insured within the same group)</i>	

Total Assets *(reported in the latest financial statements)*

Total Turnover *(reported in the latest financial statements)*

Company Name 5	Company registration number
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Please confirm trading address, if different to 1.3

Shareholder Link *(please tick the box that applies)*

<input type="checkbox"/> Subsidiary of insured <i>(51% or more shareholding)</i>	<input type="checkbox"/> Indirect Subsidiary of Insured <i>(Less than 51% shareholding)</i>
<input type="checkbox"/> Parent of the insured <i>(51% or more shareholding)</i>	<input type="checkbox"/> Indirect parent of the insured <i>(Less than 51% shareholding)</i>
<input type="checkbox"/> Common ownership <i>(insured and co-insured within the same group)</i>	

Total Assets *(reported in the latest financial statements)*

Total Turnover *(reported in the latest financial statements)*

Company Name 6	Company registration number
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Please confirm trading address, if different to 1.3

Shareholder Link *(please tick the box that applies)*

<input type="checkbox"/> Subsidiary of insured <i>(51% or more shareholding)</i>	<input type="checkbox"/> Indirect Subsidiary of Insured <i>(Less than 51% shareholding)</i>
<input type="checkbox"/> Parent of the insured <i>(51% or more shareholding)</i>	<input type="checkbox"/> Indirect parent of the insured <i>(Less than 51% shareholding)</i>
<input type="checkbox"/> Common ownership <i>(insured and co-insured within the same group)</i>	

Total Assets *(reported in the latest financial statements)*

Total Turnover *(reported in the latest financial statements)*

Company Name 7	Company registration number
Please confirm trading address, if different to 1.3	
Shareholder Link <i>(please tick the box that applies)</i>	
<input type="checkbox"/> Subsidiary of insured <i>(51% or more shareholding)</i>	<input type="checkbox"/> Indirect Subsidiary of Insured <i>(Less than 51% shareholding)</i>
<input type="checkbox"/> Parent of the insured <i>(51% or more shareholding)</i>	<input type="checkbox"/> Indirect parent of the insured <i>(Less than 51% shareholding)</i>
<input type="checkbox"/> Common ownership <i>(insured and co-insured within the same group)</i>	
Total Assets <i>(reported in the latest financial statements)</i>	
Total Turnover <i>(reported in the latest financial statements)</i>	
Company Name 8	Company registration number
Please confirm trading address, if different to 1.3	
Shareholder Link <i>(please tick the box that applies)</i>	
<input type="checkbox"/> Subsidiary of insured <i>(51% or more shareholding)</i>	<input type="checkbox"/> Indirect Subsidiary of Insured <i>(Less than 51% shareholding)</i>
<input type="checkbox"/> Parent of the insured <i>(51% or more shareholding)</i>	<input type="checkbox"/> Indirect parent of the insured <i>(Less than 51% shareholding)</i>
<input type="checkbox"/> Common ownership <i>(insured and co-insured within the same group)</i>	
Total Assets <i>(reported in the latest financial statements)</i>	
Total Turnover <i>(reported in the latest financial statements)</i>	
Company Name 9	Company registration number
Please confirm trading address, if different to 1.3	
Shareholder Link <i>(please tick the box that applies)</i>	
<input type="checkbox"/> Subsidiary of insured <i>(51% or more shareholding)</i>	<input type="checkbox"/> Indirect Subsidiary of Insured <i>(Less than 51% shareholding)</i>
<input type="checkbox"/> Parent of the insured <i>(51% or more shareholding)</i>	<input type="checkbox"/> Indirect parent of the insured <i>(Less than 51% shareholding)</i>
<input type="checkbox"/> Common ownership <i>(insured and co-insured within the same group)</i>	
Total Assets <i>(reported in the latest financial statements)</i>	
Total Turnover <i>(reported in the latest financial statements)</i>	
Company Name 10	Company registration number
Please confirm trading address, if different to 1.3	
Shareholder Link <i>(please tick the box that applies)</i>	
<input type="checkbox"/> Subsidiary of insured <i>(51% or more shareholding)</i>	<input type="checkbox"/> Indirect Subsidiary of Insured <i>(Less than 51% shareholding)</i>
<input type="checkbox"/> Parent of the insured <i>(51% or more shareholding)</i>	<input type="checkbox"/> Indirect parent of the insured <i>(Less than 51% shareholding)</i>
<input type="checkbox"/> Common ownership <i>(insured and co-insured within the same group)</i>	
Total Assets <i>(reported in the latest financial statements)</i>	
Total Turnover <i>(reported in the latest financial statements)</i>	

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