

## Cancelling a payee nomination

Please read the notes at the foot of this form carefully.

### 1. Your details

What is the name of your company?

Your policy number

Your customer number

### 2. The payee

The person or organisation that you no longer want to receive payment.

Address

Postcode

Country

Name

Email

### 3. Your authorisation

Please cancel our nomination dated \_\_\_\_\_ of the payee named above.

Signed

Position in company

Date

### Notes

1. These instructions:

- a. are invalid if the printed contents of this form have been altered in any way
- b. will become effective on the date of receipt by the Insurer.

### For our use

Date received: \_\_\_\_\_

Atradius  
3 Harbour Drive  
Cardiff CF10 4WZ  
UK

[www.atradius.co.uk](http://www.atradius.co.uk)

Phone +44 (0)29 2082 4000  
Fax +44 (0)29 2082 4003

UK Branch Registration Number  
FC033828/BR018915

VAT Registration Number  
GB 542 8734 29

A registered branch of Atradius Crédito y Caución S.A. de Seguros y Reaseguros, Paseo de la Castellana 4, 28046 Madrid incorporated under Spanish Law Trade register Madrid: M-171.144. Authorised and regulated by Dirección General de Seguros y Fondos de Pensiones. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request.

For details on how we handle personal data please refer to our Privacy Statement on the Atradius website: [www.atradius.co.uk](http://www.atradius.co.uk)