CBL*insurance*

CREDIT INSURANCE PROGRAM FOR IATA CARGO AGENTS PARTICIPATING IN THE CASS – AUSTRALIA REGISTRATION FORM V.1

I/We make application to participate in the above scheme managed by CBL Insurance Limited (Insurer)

DETAILS OF APPLICANT

Agent Name (Full Legal Entity):		
Trading Name (if different from Agent Name):		
IATA Agent Numeric Code:	ACN No:	ABN No
Agent Address:		
Tel:	Fax:	Email:

DECLARATION

Estimated CASS net billings per annum: AU $

☐ *We are currently covered under another CASS scheme to the value of AU$_____ (this is in addition to that cover)*

☐ *We are NOT currently covered under the CBL CASS scheme (this is a request for NEW cover)*

Requested **COMMENCEMENT DATE** for guarantee cover: _____ (enter date)

I, _____ **(print full name)** being a Director / Partner / Shareholder / Sole Trader* of:
(*delete as appropriate)
_____ the APPLICANT and IATA approved agency hereby declare that:

a) I have no reason to doubt that the Applicant will be able to comply with its obligations.
b) To the best of my knowledge, information and belief and after due careful enquiry, the information contained herein is correct.
c) I am not aware of any circumstances, which I have not disclosed to you which might influence you and/or your principals' acceptance of the risk.
d) In the event of you issuing the guarantee applied for the Applicant will, during the period of your liability upon your request, immediately make available to you and allow you to examine or take copies of any accounts or other documents in its possession relating to its own, and any Holding and/or Subsidiary Company's financial affairs.
e) I am duly authorised by the Applicant to complete this form on its behalf and to make this declaration on its and my behalf.

TO CBL INSURANCE LIMITED

The Applicant and I agree to indemnity you against all actions, proceedings, claims and demands which may be brought against you or your principals and all payments, liabilities, losses, damages, costs and expenses of whatsoever nature which you may suffer, incur or sustain where such is caused by or arises from or relates to any consideration furnished by you to cover IATA against any or all financial losses occasioned to it by the Applicant participating in the Credit Insurance Program for CASS-Australia Agents.

The IATA CASS Office is hereby authorised to provide you or representatives upon request and on a confidential basis such information relating to the Applicant's CASS transactions as may be required from time to time for insurance eligibility assessment purposes.

SIGNED BY THE APPLICANT

Signed:

Dated:

SIGNED BY THE DIRECTOR / SHAREHOLDER / PARTNER / SOLE TRADER

Signed:

Dated:

(This must be signed by BOTH the Applicant/Trader AND the Director / Partner / Shareholder / Sole Trader)

PROCEDURES

- Complete and sign Registration Form and return form to the Manager of IATA CASS-Australia Office
- IATA CASS Office will forward this Registration Form to CBL Insurance Limited as Insurer
- The insurer will confirm date of coverage to CASS (premium for this cover will be billed through the CASS at the end of each billing period)
- IATA CASS will notify Agent and make arrangements to return your existing bank guarantee (if any)
- For information contact: gsiemsen@cblinsurance.com or fax CBL in New Zealand (+64) 9300 5046 or TollFree **1 800 617 457**