

Declaration Of Business Under Modula Policy

Please use this form to declare by the time specified in your Policy Schedule

Name Of Insured _____
 Policy Number _____
 Declaration Period ____ / ____ / _____ to ____ / ____ / _____

Your Undertaking

We hereby certify that the following is a full and accurate declaration of the total value of the business to which the Policy applied in the period stated above.

Declaration of Actual Insurable Sales

In what Currency is this Declaration? _____

For Australian trade, please declare Turnover by State or Territory of the Buyer

Australian Trade	Turnover of Credit Sales
New South Wales	
Victoria	
Queensland	
Western Australia	
South Australia	
Tasmania	
Australian Capital Territory	
Northern Territory	
TOTAL	

For Export trade, please declare Turnover by Country of the Buyer

Country	Turnover of Credit Sales
TOTAL	

Name _____ Signature _____ Date ____ / ____ / _____