Guarantee for loss on claim for exporter

Application for compensation by assignee

(in case of extended risk cover for assignees)

The application for compensation must be submitted to EKN within the time limit stated in the applicable General Conditions.

Guarantee holder (name and address):

Assignee under the guarantee (name and address):

Buyer/borrower (name and address):

1. EKN's guarantee number:				
2. Outstanding amount/s for which compensation is requested:	Reference:	Due date (YY-MM-DD):	Currency:	Amount:
	Total amount for which compensation is requested:		Currency:	Amount:
3. Has the applicable waiting period passed by the date of the application for compensation?	☐ Yes ☐ No If no, please state the reason:			

14.22e / 05.09.2025

Exportkreditnämnden / The Swedish Export Credit Agency

Postadress/Postal address	Besöksadress/Visiting address	Telefon/Telephone	Telefax	Hemsida/ Web site	Plusgiro	Bankgiro
Box 3064 SE-103 61 Stockholm Sweden	Kungsgatan 36	08-788 00 00 Int +46 8 788 00 00	08-411 81 49 Int +46 8 411 81 49	www.ekn.se	15 65 37-3	330-1181

4. Does the agreement covered by the EKN guarantee explicitly state that the buyer/borrower is obliged to pay default interest?	☐ Yes ☐ No
5. To whom shall the compensation be paid?	Company name: Address: Contact person (name and e-mail address):
To which account shall the compensation be paid?	Account holder: Name of the bank: SWIFT address: Account number/IBAN number: Giro number (if applicable): Reference number (if applicable):
6. A signed assignment form – original document – is attached	☐ Yes ☐ No If no, please state the reason:
Certificate of registration or other document evidencing that the assignment form has been signed by an authorized signatory is attached:	☐ Yes ☐ No ☐ Has previously been submitted to EKN
7. Transport documents (e.g. bill of lading) are attached	☐ Yes ☐ No If no, please state the reason:
8. Certificate of account ownership from the account-holding bank	☐ Yes ☐ Has previously been submitted to EKN
9. Total outstanding amount (please attach the payment plan):	
10. Miscellaneous	

Confirmation

The guarantee-holder has affirmed that advance payment has been received:

Assignee's signature

Date	
Company name	Contact person (name, e-mail address and phone number)
Signature	Printed name