

**The Islamic Corporation for the Insurance of  
Investment and Export Credit**

**LOSS PAYEE NOMINATION**

Name of Insured : \_\_\_\_\_ Policy No. : \_\_\_\_\_  
Address : \_\_\_\_\_

Name of Loss Payee : \_\_\_\_\_  
Address : \_\_\_\_\_  
Telephone No. : \_\_\_\_\_  
Fax No. : \_\_\_\_\_  
E-mail : \_\_\_\_\_  
Website : \_\_\_\_\_

We hereby authorise and request you to pay to the loss payee named above

(tick one of the following)

- all monies payable to us under the above policy
- some of the monies payable to us under the above policy. Payment should be made in respect of the following (specify relevant buyer(s) / country(ies) / contract(s) / Shipment(s) or as appropriate) :-

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We understand and agree that these instructions

- (a) do not constitute an assignment nor are they intended to confer on the loss payee any of the benefits of an assignee ;
- (b) are a continuing mandate ;
- (c) can only be amended or revoked by further instructions in writing ;
- (d) if cancelled or revoked will not apply to monies in respect of losses which may become payable under the policy in respect of all shipments made before the date of cancellation or revocation, unless the loss payee agrees in writing otherwise ; and

(e) do not become valid until the date specified in the loss payee clause which you will send us.

We also understand and agree that if, when you are about to make payment, there is more than one nomination for some or all the monies payable, you will not make any payment until determination of the respective entitlements.

**Signed** : \_\_\_\_\_  
**Name** : \_\_\_\_\_  
**Position** : \_\_\_\_\_  
**Date** : \_\_\_\_\_