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| **DATE** |  |

**MGLN 3P REPORTING FORM**

Please type and save in excel and email to **info@mglnetwork.com**, copied to **yermal@mglnetwork.com**.

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| **DEBTOR COMPANY** |  |
| **OFFICE LOCATION - COUNTRY** |  |

Only invoices less than 45 days after issuing date will be accepted, all others are nil and void.

Please attach all relevant shipping documents, copy of invoice(s), statement of account, e-mails, etc. Kindly include all communications with the debtor company inviting their payments due.

INVOICE DETAILS: Please attach copy of the outstanding invoice(s)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **INVOICE DATE** | **DUE DATE** | **INVOICE NO** | **CURRENCY** | **INVOICE AMOUNT** |
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| Other Networks where these invoices have been reported |
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Comments:

We do need MGLN intervention. (MGLN will send an e-mail to the debtor company to push the payment)

We want the debtor company to be listed on the credit warning list at the monthly update.

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We do need MGLN intervention. (MGLN will send an e-mail to the debtor company to push the payment) We want the debtor company to be listed on the credit warning list at the monthly update.

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| **FILING COMPANY** |  |
| **OFFICE LOCATION - COUNTRY** |  |
| **PERSON FILING CLAIM** |  |
| **EMAIL ADDRESS** |  |

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| **DATE** |  |

**INSOLVENCY CLAIM**

Please type and save in excel and email to **info@mglnetwork.com**, copied to **yermal@mglnetwork.com**.

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| **DEBTOR COMPANY** |  |
| **OFFICE LOCATION - COUNTRY** |  |

**PLEASE STRICTLY PAY ATTENTION TO FOLLOWING**

Only invoices less than 90 days after issuing date will be accepted, all others are nil and void.

Any invoice raised under this claim to the same debtor, as from today, will no longer enjoy any insolvency cover under the MGLN Insolvency Program with immediate effect.

INVOICE DETAILS: Please attach copy of the outstanding invoice(s)

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| --- | --- | --- | --- | --- |
| **INVOICE DATE** | **DUE DATE** | **INVOICE NO** | **CURRENCY** | **INVOICE AMOUNT** |
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| Other Networks where these invoices have been reported |
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Comments:

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| **FILING COMPANY** |  |
| **OFFICE LOCATION - COUNTRY** |  |
| **PERSON FILING CLAIM** |  |
| **EMAIL ADDRESS** |  |

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