

APPLICATION FOR CUSTOMS BOND

1. Name and Address of Applicant:

2. Name and Address of the other party to the Contract:

3. Type of Guarantee required:

4. Short Description of Contract involved:

5. Total Amount of Guarantee required:

6. Duration and effective date of Guarantee:

7. How long has your Company been in existence?:

8. Has the Company ever been guaranteed? If so, by whom and for what purpose?:

9. a. Has any Director or Partner ever been declared bankrupt or compounded with his/her creditors?: Yes No

b. If so state how discharged:

10. a. Name of Applicant's Bankers:

b. Have you taken overdraft from your Bankers?: Yes No

c. When granted:

d. Present amount of overdraft:

e. How is overdraft secured?:

11. Give particulars of other Insurances held by you as follows:

CLASS	COMPANY	ANNUAL PREMIUM
Workmen's Compensation		
Public Liability		
Burglary		
Group Personal Accident		
Contractor's All Risks		
Fire		

12. Name of Applicant's Representative who will be signatory to Guarantee:

13. Applicant's free assets (evidence of ownership to be provided)

DECLARATION

I/**DECLARATION** I/we declared that the above statements represent the true position at the date shown in accordance with the information made available to me/us.

Date:

Signature: