

## 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/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:**