



CUSTOMS BOND - PROPOSAL FORM

PLEASE COMPLETE THIS FORM IN BLOCK LETTERS

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



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b. If so, state how discharged: _____

10. a. Name of applicant's bankers: _____

b. Have you taken overdraft from bankers? Yes / No

c. When granted: _____

d. Present amount of overdraft: _____

e. How is overdraft secured? _____

11. Name of applicant's representative who will be signatory to the guarantee: _____

12. Applicant's free assets (evidence of ownership to be provided): _____

DECLARATION

I/We _____

declare that the above statements represent the true position at the date shown in accordance with the information made available to me/us.

Date: _____ Signature: _____