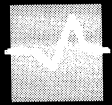


CivilSure



The Road Ahead

Telephone: 080 777 777 1

Fax: (086) 508 3625

E-mail: admin@civilsure.co.za

Application for a Construction Guarantee Facility

Name: _____

Signature: _____

COMPANY QUESTIONNAIRE FOR GUARANTEE (FACILITY)

(CONSTRUCTION GUARANTEE FACILITY)

A. COMPANY / BUSINESS DETAILS

Registered name

Registration no.

Postal address

Physical address

VAT No.

Tel No. Fax No.

Email Address

Contact Person Cell No.

CIDB Rating Nature of Business

B. REQUIRED UNDERWRITING INFORMATION ATTACHED

	Company and Group	Associated Companies
Audited financial statements (not older than 8 months from year-end)	<input type="checkbox"/>	<input type="checkbox"/>
Draft Financial statements / Management Accounts	<input type="checkbox"/>	<input type="checkbox"/>
Group operating structure / Company Profile	<input type="checkbox"/>	<input type="checkbox"/>
Certificates of incorporation & Member Identity Documents	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

C. BROKER

Company name

Tel no. Fax no.

Contact Email Add.

D. SHAREHOLDERS / MEMBERS / PARTNERS/ SOLE TRADER

Full Names	% Shares held	ID Number / Company Registration Number	Married COP/ANC With/Without Accrual

In the event that the abovementioned shareholders are married in community of property or out of community of property with an application of an accrual or an ante-nuptial contract with some sharing upon dissolution of the marriage, it is required of their spouses to sign surety in respect of their joint

E. SUBSIDIARY / ASSOCIATED / AFFILIATED COMPANIES

Name	Registration No.	% Shares held	Nature of business	Bonds required?

F. BANKING DETAILS

Bankers	<input type="text"/>	Branch	<input type="text"/>
Account No	<input type="text"/>	Period with bank	<input type="text"/>
Cash Balance	<input type="text" value="R"/>	Investments	<input type="text" value="R"/>
Overdraft facility	<input type="text" value="R"/>	Overdraft used	<input type="text" value="R"/>
How secured	<input type="text"/>	Bank guarantee facility	<input type="text" value="R"/>
Guarantees outstanding	<input type="text" value="R"/>	Other bankers	<input type="text"/>

G. KEY PERSONNEL

Name	Position	Period with company
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Have any of the key personnel been a director / shareholder of a company which was liquidated or compromised with creditors?

H. CONSTRUCTION GUARANTEE HISTORY

Who issued your Guarantees previously?

Have any Guarantees issued on your behalf ever been called up? If so, supply details

Have you applied to anyone for this Guarantee or facility? If yes, with whom?

Have any applications ever been turned down? If yes, by whom and why?

PLEASE ATTACH LIST OF GUARANTEES PRESENTLY OPERATIVE

I. EXISTING GUARANTEES

Name of Bank / Insurance Company	Facility	Guarantees Outstanding	Rate
How secured?			

J. NEW REQUIREMENTS

Required facility

To place existing facility Yes No

Security / Collateral offered

1 Personal Sureties - Shareholders Yes No

2 Personal Sureties - directors Yes No

3 Cession of loan accounts Yes No

4 Cession of book debts Yes No

ADDITIONAL INFORMATION

Has the concern's debtors been financed Yes If so, to what extent R

Financed by?

Are the debtors insured? Yes If so, to what extent %

Insured with?

K. LEGAL ACTION

Please note details of any legal action, summons, judgements, liquidation/sequestration orders or offer of compromise against any shareholder or director of the company, or against the company, its holdings, subsidiaries or associated companies

L. DECLARATION

I/We hereby declare that the details and information furnished in this application, to the best of my / our knowledge, fairly represent the true state of affairs of the company/business and I/we authorise the verification of any aspect of this application. I/We have not concealed any material fact relevant to this application and this questionnaire will form the basis upon which any guarantee, surety or bond may be issued.

I/We hereby declare that if Performance and Customs Bond Services (Pty) Limited/our behalf, I/we hereby bind my/ourselves as follows:

- 1 To reimburse AC & E for all amounts which it is called upon to pay in respect of its bonds.
- 2 I/We nominate, constitute and appoint AC & E irrevocably and in rem saum to be my/our lawful agent to obtain payment of and give valid receipts for any money due to me/us by way of retention or otherwise, whether such money became due before, at the time of or after my/our failure, default or breach of contract.
- 3 To reimburse AC & E for any legal or other costs and charges which may reasonably be incurred by them in consequence of the foregoing clauses or resulting from this application.
- 4 To pay AC & E such consideration as it may require in the form of premium for the guarantees hereby applied for and for any extension thereof beyond the completion date stated herein.
- 5 To reimburse AC & E for any costs including valuation costs incurred in regard to guarantees provided or to be provided.

--

Date

--

Signature

Name

--

(Being duly authorised to sign this document)

Designation

--

IN RESPECT OF ANY TRUST INVOLVED, THE FOLLOWING INFORM
IS REQUIRED:

TRUST'S NAME	
TRUST'S REGISTRATION NUMBER:	IT
NAMES AND ID NUMBERS OF ALL TRUSTEES (if the space is insufficient attach separate page)	
A COPY OF THE LETTER OF AUTHORITY	
WHO WILL SIGN ON BEHALF OF THE TRUST?	

SECURITY DOCUMENTS QUESTIONNAIRE

IN ORDER TO SPEED UP THE DRAFTING AND FINALIZATION OF THE SECURITY DOCUMENT, THE FOLLOWING INFORMATION AND/OR DOCUMENTATION IS REQUIRED.

IN RESPECT OF ALL CC'S AND PTY LTD'S INVOLVED, THE FOLLOWING INFORMATION IS REQUIRED

COMPANY'S NAME	
COMPANY'S REGISTRATION NR	
COMPANY'S REGISTERED ADDRESS (as per Cipro documents)	
COMPANY'S PHYSICAL ADDRESS (attach letterhead reflecting same)	
COMPANY'S POSTAL ADDRESS (attach letterhead reflecting same)	
COMPANY'S INCOME TAX NUMBER (attach SARS doc)	
COMPANY'S VAT REG NUMBER (attach SARS doc)	
COMPANY'S MEMBERS' NAMES (if space is insufficient attach separate page)	
COMPANY'S BANKERS	
WHO WILL SIGN SECURITY DOCUMENTS ON BEHALF OF THE COMPANY?	

THE FOLLOWING DOCUMENTATION IS REQUIRED:

- THE CC/PTY LTD'S COMPANY REGISTRATION DOCUMENTS AS PER CIPRO DOCUMENTS.
- RECENT (NOT OLDER THAN 3 MONTHS) UTILITY BILL or LEASE AGREEMENT.
- SARS DOCUMENTS REFLECTING INCOME TAX AND VAT REGISTRATION NUMBERS.

IN RESPECT OF ALL INDIVIDUALS INVOLVED (PLEASE COMPLETE ONE PAGE FOR EACH INDIVIDUAL)

MEMBER'S NAME:	
MEMBER'S SURNAME:	
IDENTITY NUMBER:	
PERSONAL INCOME TAX NUMBER:	
PHYSICAL ADDRESS:	
POSTAL ADDRESS	
MARITAL STATUS:	
* UNMARRIED/DIFORCED/WIDOWED	
* Married in community if property	
* Married ANC with accrual	
* Married ANC without accrual	

* IF MARRIED COP OR ANC WITH APPLICATION OF THE ACCRUAL SYSTEM PLEASE COMPLETE THE FOLLOWING:

SPOUSE'S NAME:	
SPOUSE'S SURNAME:	
INDETITY NUMBER:	
PERSONAL INCOME TAX NUMBER:	
PHYSICAL ADDRESS:	
POSTAL ADDRESS:	

Please attach the following:

COPY OF IDENTITY DOCUMENT
 COPY OF SARS DOCUMENT
 COPY OF RECENT (NOT OLDER THAN 3 MONTHS) UTILITY STATEMENT