



## APPLICATION FOR GENERAL AND COMMERCIAL GUARANTEE FACILITY

### Notice:

This document is intended for companies that wish to apply for a guarantee facility with Lombard Insurance Company Limited, i.e. new prospective clients.

The questionnaire below is to be completed and returned to us with the concern's most recent signed Audited Financial Statements, Latest Management Accounts as well as the latest debtors and creditors age analysis. The documents submitted will be assessed in line with the particular requirements and an indication given of whether we are able to assist on what basis.

To avoid delays you are requested to complete the forms in full and submit the required financial information as soon as possible.

### Instructions:

1. Print Pages 2 to 6 of this questionnaire
2. Complete the questionnaire and e-mail or fax it back to Lombard Insurance Company Limited
3. Remember to attached the most recent **signed audited financial statements, management accounts, debtors and creditors age analysis**



**A. COMPANY/BUSINESS DETAILS:**

Registered Name			
Registration no.			
Vat no.			
Postal Address			
Physical Address			
Contact Person		Tel No.	
Fax No.		Cell No.	
Email Address			
Nature of Business			
Date Business Commenced			

**B. BROKER IF INTRODUCED TO LOMBARD BY SUCH:**

Company Name	
Postal Address	
Contact Person	
Tel No.	
Fax No.	
Email Address	



**C. BANKING DETAILS**

1) Bankers		7) Overdraft Used	
2) Branch		8) How is this secured	
3) Account Number		9) Bank Guarantee Facility	
4) Period with bank		10) How is this secured	
5) Cash Balance		11) Guarantees Outstanding	
6) Overdraft Facility		12) Other Bankers	

**D. REQUIRED UNDERWRITING INFORMATION CHECKLIST (to be attached with application form):**

Financial Information	Company to Group	Associated Companies	Affiliated Companies
- Signed Audits or Year-end financial statements (not older than 8 months from year end) - If this is not available then the Bank Statements for the last 6 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Draft Financial Statements and/or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management Accounts and/or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ancillary Information			
Assets and Liability Statements (Shareholders/Directors/Members)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Management Personnel Organogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Operating Structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**E. SHAREHOLDERS/ MEMBERS/ PARTNERS/ SOLE TRADER:**

Full Names	% Shares Held	ID Number/Company Registration Number	Married ANC/COP

**F. SUBSIDIARY/ ASSOCIATED/ AFFILIATED COMPANIES (if applicable)**

Name	Registration Number	% Share Held	Nature of Business	Guarantees Required?

**G. PERSONNEL:**

Total permanent employees  as at

**Key personnel**

Name	Position	Period with Company

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

If yes, please provide details of page 6



**H. GUARANTEE HISTORY**

Who issued your guarantee previously?

**Existing Guarantees**

Name of Bank Insurance Company	Facility	Guarantees Outstanding	Rate Charged
How is the above secured?			

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

Have you applied to anyone else for the facility or guarantee? If yes, with whom?

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

**I. NEW REQUIREMENTS**

**Customs and Excise Guarantees**

Guarantee Type:

1) Bonded Warehouse	4) Multi-Purpose General Guarantee
2) Customs Deferred Payment	5) National Consignor Guarantee
3) Excise Rebate	6) National Remover of Bonded Goods

Guarantee in favour of	
Address	
Port	
Value of Guarantee	
SARS Form Number	



**Other Guarantees**

1) Airline Guarantee		4) Financial Guarantee	
2) Fuel Guarantee		5) Educational Guarantee	
3) Performance Guarantee		6) Facilities Management	
4) Utilities Guarantee		7) Other	
5) Advanced Payment Guarantee			

Guarantee in Favour of			
Contract Number			
Contract Value	R		
Guarantee Value	R		
Contract Dates	Start		Complete
Type of Guarantee	Supply	Payment	Other
Guarantee Wording	Attached		Not Specified
State that Guarantee is required			

Required Facilities

Addition to Facility: Yes  No

To replace existing facility Yes  No

**Security/Collateral Offered:**

1) Personal Sureties – Shareholders	Yes		No	
2) Personal Sureties – Directors	Yes		No	
3) Cession of Debtors	Yes		No	
4) Counter Indemnity	Yes		No	
5) Cession/Pledge of Cash	Yes		No	
6) Cession of life policies	Yes		No	
7) Covering Bonds	Yes		No	
8) Deed of Indemnity	Yes		No	

**Other (Specify)**




**J. PROTECTION OF PERSONAL INFORMATION**

The Parties acknowledge that for the purposes of performing under this quote it will be necessary to process the insured's private information including making that information available to other associated parties, insurers or reinsurers. In addition the insured consents to the transfer of that information to the reinsurers even if those reinsures are situated outside the Republic of South Africa for use in connection with the performance of this quote and any related reinsurance contract.

**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 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 or surety may be issued.**

I/We hereby declare that if Lombard Insurance Company Limited agrees to issue Guarantees on my/our behalf, I/we hereby bind my/ourselves as follows :

1. To reimburse Lombard Insurance Company Limited for all amounts which it is called upon to pay in respect of its Guarantees.
2. I/We nominate, constitute and appoint Lombard Insurance Company Limited 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 Lombard Insurance Company Limited 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 Lombard Insurance Company Limited 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 Lombard Insurance Company Limited for any costs including valuation costs incurred in regard to guarantees provided or to be provided.
6. The Parties acknowledge that for the purposes of performing this application it will be necessary to process the insured's private information including making that information available to other associated parties, insurers or reinsurers. In addition the insured consents to the transfer of that information to the reinsurers even if those reinsurers are situated outside the Republic of South Africa for use in connection with the performance of this application and any related reinsurance contract.

Date : \_\_\_\_\_ Signature : \_\_\_\_\_

Name : \_\_\_\_\_  
(Being duly authorised to sign this document)

Designation: \_\_\_\_\_