



## APPLICATION FOR GENERAL AND COMMERCIAL GUARANTEE FACILITY

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

The questionnaire below is to be completed and returned to [Applications@Lombardins.com](mailto:Applications@Lombardins.com) along with the required information under Section D. The documents submitted will be assessed in accordance with the facility requirements and an introductory meeting will be arranged with the relevant persons if necessary.

### A. COMPANY DETAILS



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

\*Commission will not be payable to the applicant of the guarantee facility.



LOMBARD



**B. BANKING**

Primary Bankers				
Period with bank				
Loan Facilities				
Securities Held by Bank				
Guarantees Issued by Bank	Amount		Issued To	
	Amount		Issued To	
	Amount		Issued To	
Secondary Bankers				

**C. REQUIRED UNDERWRITING INFORMATION CHECKLIST** (Documents to be attached with application form, please tick the documents that have been attached)

Required Information	Company	Company Shareholder	Associated Companies
Signed Audited Financial Statements (not older than 8 months from year-end)			
Draft Financial Statements and/or			
Management Accounts			
Debtors Aged Analysis			
Creditors Aged Analysis			
Assets and Liability Statements (Shareholders / Directors / Members)			
Company Shareholding Structure			
Monthly Invoiced Premium For Past 12 Months (per month)			
Collections Process Document (Include systems used and timelines)			



**D. SHAREHOLDERS/MEMBERS**



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

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

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

**Have any judgements been taken against the Directors / Shareholders / Key Personnel of the business?**

	Please Tick	Details
Yes		
No		N/A

**F. PERSONNEL**

Total permanent employees		As at (date)	
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**Key Personnel**

Key Personnel Name	Position	Period with Company



**Have any of the Key Personnel been a Director / Shareholder / Key Personnel of a company which was liquidated or compromised with creditors?**

	Please Tick	Details
Yes		
No		N/A

**G. GUARANTEE HISTORY**

What is your Existing IGF Guarantee Amount?	
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**Have any guarantees issued on your behalf ever been called up?**

	Please Tick	Details
Yes		
No		N/A

**H. NEW GUARANTEE REQUIREMENTS**

Guarantee in favour of (Insurance Company). - Beneficiaries	Value of Guarantee	Beneficiary Contact Person	Beneficiary Contact Number
Total			

**I. FINANCIAL INFORMATION – LATEST AUDITED FIGURES**

Year-End	Net Profit After Tax (NPAT)	Equity
Current Year		
Pervious Year		

**J. LEGAL ACTION**

In addition to that stated above, please provide details of any legal actions, (summons, judgements, liquidation / sequestration orders or offer of compromise etc.) taken against any shareholder or director of the company, or against the company, its holdings, subsidiaries or associated companies:



### K. 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 or surety may be issued.

We acknowledge and agree that for the purposes of performing under this Application for a General and Commercial Guarantee Facility it will be necessary to process our private information including making that information available to other associated parties, insurers or reinsurers. In addition, we consent 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 processing of this Application.

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

Name : \_\_\_\_\_

(Being duly authorised to sign this document)

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