



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 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			

B. BROKER DETAILS

Company Name			
Registration No.		FSP No.	
Postal Address			
		Code	
Contact Person		Tel No.	
Email Address		Cell No.	

WWW.LOMBARDINS.COM

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DIRECTORS: ML JAPHET Chairman • PJ ORFORD Managing Director • CE BACKEBERG • GJM CARLIN • A MAGWENTSHU • A PIENAAR • RJ SYMONDS

Reg No: 1990/001253/06 • VAT Reg no: 4360121331 • Lombard Insurance Company Limited is a licensed Insurer and Authorised Financial Services Provider: (FSP 1596)



C. BANKING FACILITIES

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			

D. 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 Organogram			
Any other details that you feel may be relevant to the application			
Broker Letter of Appointment (if applicable)			



E. SHAREHOLDERS / MEMBERS INFORMATION



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?

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

	Please Tick	Details
Yes		
No		N/A

G. 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

H. GUARANTEE HISTORY

Who issued your guarantees previously?	
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Existing Guarantees

Name of Bank or Insurance Company	Guarantee Facility in place	Value of guarantees Outstanding	Rate Charged
What security has been provided for the above guarantees?			

Have any guarantees issued on your behalf ever been called up?

	Please Tick	Details
Yes		
No		N/A

Have you applied to anyone else for a guarantee facility or guarantee?





	Please Tick	Details
Yes		
No		N/A

Have any guarantee facility applications ever been turned down?

	Please Tick	Details
Yes		
No		N/A



I. NEW GUARANTEE REQUIREMENTS

Guarantee Type	Guarantee Amount	Guarantee Amount	Guarantee Amount
SARS Customs & Excise 		Performance Guarantee 	
Fuel Guarantee 		Other Guarantee 	
Total Guarantee Facility Required			

Guarantee in favour of (Beneficiary)	Value of Guarantee	Beneficiary Contact Person	Beneficiary Contact Number

J. SECURITY / COLLATERAL OFFERED FOR FACILITY



Please detail any specific security/collateral that would like to be used in order to secure the required facility:

K. 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:



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 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: _____