



## APPLICATION FOR GENERAL AND COMMERCIAL GUARANTEE

This document is intended for companies that are applying for a Production Completion Guarantee with Lombard Insurance Company Limited under the Infest Studio (Pty) Ltd Facility.

The questionnaire below is to be completed and signed and returned to applications@lombardins.com along with the required information under Section D. The documents submitted will then be assessed.

### A. COMPANY DETAILS

Registered Name of the SPV			
Registration Number			
Vat Number			
Registered Name of the Production Company			
Production Company Registration Number			
Postal Address			Code
Physical Address			Code
Contact Person			Tel No.
Designation			Cell No.
Email Address			

### B. BROKER DETAILS



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

[WWW.LOMBARDINS.COM](http://WWW.LOMBARDINS.COM)

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

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. NEW GUARANTEE REQUIREMENTS**

Production Name					
Production Budget					
Funder		Amount		Is a Guarantee Required	
Funder		Amount		Is a Guarantee Required	
Funder		Amount		Is a Guarantee Required	
Duration of Production (months)					
Estimated Production Start Date					
Estimated Production End Date					

**D. REQUIRED UNDERWRITING INFORMATION CHECKLIST**



Past Completed Productions by Producer (short CV)	Script
SPV Shareholder's Personal Assets and Liabilities	Distribution Agreement
DTI Approval (if applicable)	Financier Agreement(s) and DTI Approval
Organogram of SPV and Production Company Structure	Cost Report, GL and AFS of Previous SPV
Final Contracted Budget of the Production	Proof of SPV Shareholding
Proof of Production Company Shareholding	

**E. SHAREHOLDERS INFORMATION**



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

**F. KEY PERSONNEL**

	Full Names	ID Number
Producer		
Producer		
Director		

**Have any judgements ever been taken against the Directors / Shareholders / Key Personnel of the SPV or Production Company?**

	Please Tick	Details
Yes		
No		N/A





**Have any of the Key Personnel of the SPV or Production Company been a Director / Shareholder / Key Person of a company which has been liquidated or compromised with creditors?**

	Please Tick	Details
Yes		
No		N/A

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 production company, or against the company, its holdings, subsidiaries or associated companies:

**G. GUARANTEE HISTORY**

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

	Please Tick	Details
Yes		
No		N/A

**Have any guarantee facility applications ever been turned down?**

	Please Tick	Details
Yes		
No		N/A

**H. DECLARATION BY APPLICANT**



**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 may be issued.**

**I/We acknowledge and agree that for the purposes of performing under this Application for a General and Commercial Guarantee 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.**

Signature	
Name	
Date	
Being duly authorised to sign this document on behalf of	(Company Name)
Designation	