



**APPLICATION FOR EDUCATION AND APPELT GUARANTEE FACILITY**

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

The questionnaire below is to be completed and returned to Applications@Lombardins.com. 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 Number			
Vat Number			
Postal Address			Code
Physical Address			Code
Contact Person			Tel No.
Designation			Cell No.
Email Address			
Date Business Commenced			

**B. BROKER DETAILS**



Company Name	Marsh (Pty) Ltd		
Registration No.	1999/000348/07	FSP No.	8414

**C. SHAREHOLDERS INFORMATION**



Full Names	ID Number	Married ANC / COP	% Shares Held

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

4TH FLOOR • 22 WELLINGTON ROAD • PARKTOWN • 2193 • PO BOX 1411 • KILLARNEY 2193 • T +27 11 551 0600 • F +27 11 551 0603  
 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 an Authorised Financial Services Provider (FSP 1596)  
 and Insurer conducting non-life insurance business



LOMBARD

**D. LEGAL ACTION**

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

	Please Tick	Details
Yes		
No		

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

	Please Tick	Details
Yes		
No		

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:


**I. NEW GUARANTEE REQUIREMENTS**

Guarantee in favour of (Beneficiary)	Guarantee Amount
Department of Education	

**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.**

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