



SURETY SOLUTIONS

L E G E R

RISK MANAGEMENT

COMPANY QUESTIONNAIRE FOR BONDS (FACILITY)

A. COMPANY / BUSINESS DETAILS

Registered Name:			
Registration No:		VAT No:	
Postal Address:			
Physical Address:			
Contact Numbers:	Tel:	Fax:	
E-mail Address:			
Nature of Business:		Date Commenced:	

B. BROKER

Registered Name:	Leger Risk Management (Pty) Ltd		
Postal Address:	PO BOX 32, Persequor Park, Pretoria, 0020		
Physical Address:	Persequor Close 7B/2, 49 De Havilland Cr, Persequor Park, 0020		
Contact Numbers:	Tel:	Fax:	
E-mail Address:	amanda@leger.co.za		
Contact Person(s):	Pieter Muller, 082 5027082		

C. SHAREHOLDERS / MEMBERS / PARTNERS / SOLE TRADER

Full names	% Shares	ID No. Co. Reg. No	Married ANC/COP

D. SUBSIDIARY / ASSOCIATED / AFFILIATED COMPANIES

Name	Registration No.	% Shares	Nature of business	Guarantees required?

E. BANKING DETAILS

Bankers:		Branch:	
Account No:		Period with Bank:	
Cash Balance:		Overdraft Facility:	
Overdraft Used:		How Secured:	
Bank Bond Facility:		How Secured:	
Bonds Outstanding:		Other Bankers:	

F. 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 credits? _____

Please note details of any legal action, summons, judgments, 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.

G. GUARANTEE HISTORY

Who issued your Guarantees previously?	
Have any guarantees issued on your behalf ever been called up? If so, supply details	
Have you applied to anyone else for this Guarantee or Facility? If yes, with whom?	
Have any applications ever been turned down? If yes, by whom & why?	

PLEASE ATTACH LIST OF GUARANTEE' S PRESENTLY OPERATIVE

H. EXISTING GUARANTEE' S

Name of Bank / Insurance Company	Facility	Guarantee' s Outstanding	Rate Charged
How Secured?			

I. NEW REQUIREMENTS

Required Facility: R_____

To Replace Existing Facility	Yes		No		Addition to Existing Facility	Yes		No	
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	Security / Collateral Offered	Yes	No
1.	Personal Sureties – Shareholders		
2.	Personal Sureties – Directors		
3.	Cession of Loan Accounts		
4.	Cession of Book Debts		
5.	Cession or Pledge of Cash / Fixed Deposit / Bank Guarantee		
6.	Cession of Life Policies		
7.	Covering Bonds over Fixed Property (ies)		

J. ADDITIONAL INFORMATION

Has the concerns debtors been financed? If so, to what extent?	
Financed by:	
Are the debtors insured? If so, to what extent?	
Insured with:	

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 bond or surety may be issued.

I / We hereby declare that if the Guarantor agrees to issue bonds on my / our behalf, I / we hereby bind my / ourselves as follows:

1. To reimburse the Guarantor for all amounts which it is called upon to pay in respect of its bonds.
2. I / We nominate, constitute and appoint the Guarantor 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 the Guarantor 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 the Guarantor such consideration as it may require in the form of premium for the bonds hereby applied for and for any extension thereof beyond the completion date stated herein.
5. To reimburse the Guarantor for any costs including valuation costs incurred in regard to bonds provided or to be provided.

SIGNATURE

DATE

NAME
(Duly authorised to sign this document)

DESIGNATION

Checklist of additional documents to accompany this Application Guarantee Applications

REQUIREMENT	RECEIVED
<ul style="list-style-type: none"> • COMPANY PROFILE including all recently completed Contracts and their Values. • Copies of ID's of all members / directors / partners and trustees and their Spouse' s ID' s if they are married COP or a copy of their Marriage Certificate if married ANC. • Personal Statements of Assets & Liabilities of all members / partners / directors & trustees • A RESOLUTION signed by the Directors / Members or Trustees whereby it was agreed that the business avail of the guarantee facility and confirming that the nominated signatory (ies) who will be signing this application and all documentation pertaining to the guarantee. • 2 Years Audited Financial Statements (compulsory requirement) • Copies of the Company's most recent Management Accounts (i.e from the date of last financial statements to the current date) • Tax Clearance Certificate Including VAT Number. • Aged analysed debtors and creditors schedule. • A Cashflow Forecast of the project / business for the next 12 months. • Company Formation Documentation: <ul style="list-style-type: none"> Sole Proprietor: No documentation required JV / Partnership: Copy of the partnership agreement Close Corporation: Copy of Founding Statement (CK Documentation) Company: Certificate to commence business Memorandum of Articles and Association Trust: Copy of Deed of Trust & Letter of Authority • List of all Major Subcontractors and Suppliers. 	