



PERFORMANCE GUARANTEE FACILITY APPLICATION FORM

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DOCUMENTATION REQUIRED

For Assessment:

- Company Profile and Organogram
- Latest Audited Financial Statements (2 years)
- Latest Management Accounts
- List of Current and Completed Contracts (incl values and contact details for references)
- Latest 3 Months Bank Statements
- Current Debtors and Creditors age analysis
- Assets and Liabilities Statement of All Members and Directors

Submitted:

On Approval:

- If Company:**
- Company Registration Documents (CM29)
 - Memo and Articles of Association
 - Share Certificates
 - Directors/Shareholders ID documents (including spouses ID's)
- If Close Corporation:**
- Company Registration Documents (CK2)
 - Members ID document (incl Spouses ID's)
- Proof of residence for all Owners/directors**

Submitted:

BROKER DETAILS

BROKERAGE NAME: _____

BROKER NAME: _____

CONTACT DETAILS (TEL): _____ **(CELL):** _____ **(EMAIL):** _____

APPLICANT DETAILS

REGISTERED NAME: _____

TRADING NAME: _____

REGISTRATION NUMBER: _____

VAT NUMBER: _____

CIBD RATING: _____

NATURE OF BUSINESS: _____

DATE BUSINESS COMMENCED: _____

HOLDING COMPANY (IF APPLICABLE): _____

PHYSICAL ADDRESS: _____

POSTAL ADDRESS: _____

CONTACT PERSON: _____

CONTACT DETAILS (TEL): _____ **(CELL):** _____ **(EMAIL):** _____



MEMBERS/DIRECTORS/SHAREHOLDERS TRUSTEES/PARTNERS (FULL NAMES)	ID/PASSPORT NO:	INTEREST %	MARRIED COP/ANC WITH ACCRUAL/ ANC WITHOUT ACCRUAL/SINGLE:

SUBSIDIARY/ASSOCIATED/AFFILIATED COMPANIES:

COMPANY NAME	REGISTRATION NUMBER	SHARES HELD %	BONDS REQUIRED?

Have ANY of the above mentioned persons been sequestrated or suited on the Credit Bureau before Y N

If so, please provide details on judgements and if such judgements have been rescinded _____

Please advise of any legal actions, summons, judgements, liquidations, sequestration orders, or offers of compromise against any shareholder, director, member of the close corporation, company, holding company, subsidiaries or associated companies _____

ACCOUNTANTS/BOOKKEEPERS DETAILS

CONTACT PERSON: _____

CONTACT DETAILS (TEL): _____ (CELL): _____ (EMAIL): _____

ATTORNEYS DETAILS

CONTACT PERSON: _____

CONTACT DETAILS (TEL): _____ (CELL): _____ (EMAIL): _____



GUARANTEE FACILITY REQUIREMENTS

GUARANTEE FACILITY REQUIRED: R _____

DO YOU CURRENTLY HAVE A FACILITY WITH ANOTHER INSURER/BANK? YES NO

IS THE FACILITY AN ADDITION TO EXISTING FACILITIES? YES NO

HAVE ANY OF THE GUARANTEES ISSUED ON YOUR BEHALF EVER BEEN CALLED UP? YES NO

HAS ANY APPLICATION FOR A GUARANTEE EVER BEEN DECLINED? YES NO

HAVE YOU APPLIED TO ANYONE ELSE FOR A BOND OR FACILITY? YES NO

EXISTING GUARANTEES:

NAME OF BANK/INSURANCE CO/GUARANTOR	FACILITY	GUARANTEES O/S	RATE CHARGED
1			
2			
3			
HOW HAS THIS BEEN SECURED?			
1			
2			
3			

SECURITY/COLLATERAL OFFERED

PLEASE INDICATE SECURITY/COLLATERAL OFFERED FOR EXAMPLE PERSONAL SURETIES, CESSIONS, BONDS, OTHER:
1
2
3
4
5

BANK DETAILS

BANK DETAILS	ACCOUNT 1	ACCOUNT 2
NAME OF BANK		
BRANCH		
ACCOUNT TYPE (CHEQUE, DEPOSIT, ETC)		
ACCOUNT IN THE NAME OF		
ACCOUNT NUMBER		
BUSINESS BANKER NAME		
BUSINESS BANKER (TEL):		
BUSINESS BANKER (EMAIL):		
OVERDRAFT FACILITY:		
LOAN FACILITIES:		



COLLATERAL SECURITY HELD BY YOUR BANKERS/FINANCIERS

NOTE: ITEMISE SECURITY CITING THE VALUE OF EACH ITEM.

COLLATERAL SECURITY - DETAILS OF SECURITY HELD BY YOUR BANKERS FOR LOANS, OVERDRAFTS, BONDS, ETC

ACCOUNT 1	DETAILS AND DESCRIPTION OF SECURITY	AMOUNT
ACCOUNT 2	DETAILS AND DESCRIPTION OF SECURITY	AMOUNT

BUSINESS INFORMATION

WHAT TYPES OF CONTRACTS ARE UNDERTAKEN BY THE BUSINESS AND APPROXIMATE PROPORTION OF TOTAL TURNOVER E.G RESIDENTIAL, COMMERCIAL, INDUSTRIAL, PUBLIC, GOVERNMENT, EARTHWORKS, TOWNSHIP SERVICES, STRUCTURES, ETC.

1	AMOUNT	R

HAS DEBTORS BEEN FINANCED? YES NO

IF YES, BY WHOM: _____ **VALUE:** R _____

HAS DEBTORS BEEN INSURED? YES NO

IF YES, BY WHOM: _____ **VALUE:** R _____

CONFIRMATION

Please answer the following questions. If the answer is "No", kindly furnish full details in the space provided below.

- | | | | | |
|---|---|--------------------------|---|--------------------------|
| 1. Is a viable concern & makes profits, before exceptional/extraordinary items & taxation | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| 2. Has no unresolved or pending legal or other disputes in existence of which the Principal/s is/are or should be aware | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| 3. Is not engaged/involved in any situation/negotiation which is likely to result in its insolvency or which may necessitate it to request a postponement of, or compromise agreement over, any obligation to any party | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| 4. Has regular and prompt monthly management accounts been prepared and reviewed by management | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| 5. Timeously arranges for the preparation of annual financial statements and, if a company, for the audit thereof | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| 6. Has adequate financial resources to honour all existing obligations and commitments | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| 7. Has ensured that any Principal who has been subject to any liquidation, civil judgements or has been found guilty of a criminal offence has declared full details of these | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| 8. Is not planning for any changes in ownership or for material disposal or acquisition of assets in the next 12 months | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |



CONCENT CLAUSE

The Business acknowledges and agrees:

1. That a credit check of the Business's record with one or more of the registered credit bureaus may be performed
2. That the Business's payment behaviour be monitored by researching its record at one or more credit bureaus
3. That new information and data may be obtained from credit bureaus
4. That the existence of the Business's account may be recorded with any registered credit bureaus.

The Business further acknowledges and agrees that C&G Underwriting Managers (Pty) Ltd:

1. May appoint a Person to visit the premises of the Business at least once during the application process or during the guarantee contract period.
2. May, at its own discretion, require the Business to submit prescribed monthly, quarterly or half-yearly financial returns to C&G so that guarantee risks to which the insurer/s is/are exposed can be adequately monitored.

The Business further acknowledges and agrees that the Insurer:

Will at their sole discretion, issue the Guarantee on behalf of the business once:

The prescribed premium has been deposited into the nominated banking account of the Insurer and, all required information and documentation has been received by the company.

DECLARATION

1. I/we declare that the information contained both in this application and the attached annual financial statements and/or management accounts is a true and correct statement of the Business's details and financial affairs.
2. I/we declare that the Business's assets are neither overvalued nor encumbered, other than as declared elsewhere in this application/documentation, and that all its liabilities have been fully disclosed.
3. I/we declare that the assets listed are wholly owned by the business and, where necessary, are registered in its name.
4. I/we declare that the latest Annual Financial Statements reflect a full, true and correct statement of the business income and expenditure for the trading period indicated and its financial position as at
5. I/we declare that we are not aware of any undisclosed circumstances which may have a negative influence on our application.
6. I/we am/are aware that the Guarantee is subject to South African law.
7. I/we acknowledge that the Guarantor/s may terminate their guarantee with the Business immediately if any information given in this application is found to be false or incomplete.

I/we furthermore declare that if Guardrisk Insurance Company Limited agrees to issue guarantees on my/our behalf that I/we bind my/ourselves as follows:

1. To reimburse Guardrisk Insurance Company Limited for all amounts which it has called upon to pay in respect of its guarantees.
2. I/we nominate, constitute and appoint Guardrisk Insurance Company Limited irrevocably and in rem sum to be my/our lawful agent to obtain payment of and give valid receipts for any money due to me/us by way of a retention reinsurer or otherwise such money became due before, at the time or after my/our failure, default or breach of contract.
3. To reimburse Guardrisk Insurance Company Limited for any legal or other cost and charges which may be reasonably be incurred by them as a consequence of the foregoing clauses or resulting from this application.
4. To pay Guardrisk Insurance Company Limited such consideration as it may require in the form of premium for the guarantees hereby applied for and for any extensions thereof beyond the completion date stated herein or pay their attorneys as directed costs including valuation cost incurred in the drafting of the securities requested to establish the facility or amend the facility.
5. To reimburse Guardrisk Insurance Company Limited for any costs including valuation costs incurred in regard to guarantees provided or to be provided.

I,we declare that the Principal/s who has/have the Guarantee Application Form is/are duly authorised to do so in terms of resolution

Date: _____

Signature: _____

Name: _____

Designation: _____



		<u>LARGEST CONTRACTS COMPLETED</u>		<u>CONTRACTS IN PROGRESS</u>	
		1.	2.	1.	2.
1.	Employer / Principal				
2.	Contract Description				
3.	Principal Agent / Engineer				
	Contact Name				
	Telephone Number and Code				
4.	Contract Value				
5.	Retentions Deducted				
6.	Value to Complete				
7.	Certified to Date				
8.	Contract Period				
	Start Date				
	Completion Date				
9.	Details of Delays Variations / Extensions				
10.	Value of Gtee Lodged				
	Name of Bank / Insurer				
	When due for Return				
11.	Estimated Final Profit / Loss				