

ADVANCE PAYMENT BOND APPLICATION

FULL NAME OF APPLICA	ANT:		
Contact Person:		Email:	
Phone:		Fax:	
DETAILS OF BOND REQ	UIRED:		
Full Name of party in who	se favour Bond is to be issued:		
Address of party in whose favour Bond is to be issued:			
Value of Bond Required: Commencement Date: Finish Date:			
Contract Price:			
Was Contracted awarded	oy Tender?		
If yes, please provide deta	ils of other Tenders		
Contract Name/No. as per	Contract Documents		
Name & Address of Archite	ect/Engineer/Consultant		
Maintenance Period:			
Location of Contract work			
Description of work:			
Do standard conditions ap	ply?		
Is there a retention for ma	intenance?		
If so, what percent?			
Are increased costs reimbursed?			
Have you previously had contracts with the Principal?			
Do you own all plant & equipment required to complete contract?			
Please include the following information with your application			
* Latest set of Financial Accounts: Management Accounts and Balance Sheet to date (audited preferably)			
* Company Profile (or similar)			
Has there been, or is there likely to be, any change in the financial situation or capital structure of your organisation, not reflected in the financial statements attached?			
If Yes, please adv			Yes No
		could affect your organisations ability to meet all it's debts	
as and when they If Yes, please adv			Yes No
DECLARATION			
I the undersigned, after enquiry, declare as follows:			
(a) I am au	thorised to make this declaration.		
(b) I ackno	I acknowledge the information provided on this proposal is true, factual and correct & authorise inquiries by CBL for		
(c) I ackno	the purpose of approving this application. I acknowledge that, until a bond is issued, I am still under an obligation to immediately advise any change in the		
(d) İ ackno	particulars or statements contained in this declaration. I acknowledge that this information is required by CBL Insurance Limited, (which will be retained by CBL Insurance Limited), in order to decide whether to accept this proposal. I also understand that the Privacy Act 1993, entitles me		
to have (e) Althoug that the	to have access to and request the correction of this information.		

Signature of Principal or Director

Date

Name of Principal or Director