

DEPOSIT BOND APPLICATION

FULL NAME OF APPLICANT:

Contact Person:	Email:
Phone:	Fax:

DETAILS OF PROPERTY BEING PURCHASED:

Address:			
Legal Description:			
Vendors Name and Address:			
Description of Property (ie flat, detached/semi-detached, number of bedrooms etc)			
Purchased for prime residence	Y / N	Purchased for secondary residence	Y / N
Purchased for Investment		Y / N	
How do you intend to finance the purchase of the property?			
Do you have an existing finance offer? (in which case your Deposit Bond may cost less)			Y / N

BOND DETAILS

Purchase price of Property	Expected Closing Date of Purchase dd/mm/yy	Desposit Bond Required – Maximum is 10%
\$		\$
No. of months Bond is required	Do you have any other Deposit Bonds in force with us or any other Bond provider?	Y / N
If Yes, please provide details of amounts and dates of expected releases:		

APPLICANT REPRESENTATIVE

If you require us to send your Property Deposit Bond to a representative (Lawyer or Conveyancing Agent), please complete:		
Name:		
Organisation:		
Address:		
Phone:	Fax:	Email:
Do you need a copy of the Bond Y / N	If so, please provide address we should send it to (if different from above):	

DOCUMENTATION REQUIRED TO ACCOMPANY APPLICATION

Copy of Purchase and Sale Contract	
Copy of Special Conditions page of Purchase and Sale Contract	
Copy of Finance Offer (if you have one)	
Completed Asset and Liability Statement	
Income Confirmation (last two payslips, or letter from Employer)	
If self employed, or a company, please supply latest financial accounts	

DECLARATION

I the undersigned, after enquiry, declare as follows:

- (a) I am authorised to make this declaration.
- (b) I acknowledge the information provided on this proposal is true, factual and correct & authorise inquiries by CBL for the purpose of approving this application.
- (c) I acknowledge that, until a bond is issued, I am still under an obligation to immediately advise any change in the particulars or statements contained in this declaration.
- (d) 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 access to and request the correction of this information.
- (e) Although the signing of the declaration does not bind the Applicants to effect a Bond, the Applicants acknowledge that the particulars and statements contained in this proposal shall be the basis of the contract should a Bond be issued, and further the Applicants acknowledge that this proposal and declaration will be incorporated into the policy.

Name of Principal or Director

Signature of Principal or Director

Date

PERSONAL INFORMATION:	
Full Name:	Date of Birth:
Occupation:	Business Ph: Home Ph:
Full Address:	

FINANCIAL INFORMATION:				
LIABILITIES			ASSETS	Owner's estimated market value \$
Overdraft (Name of Lender):	Limit \$	Amount Owing \$	Cash on Hand	
Interest accrued	Due Date / /	\$	Accounts (Bank, Credit Union etc)	
Rates/Rents	Due Date / /	\$		
Mortgages/Secured Home Loans				
1.Name of Lender:	Repay Amount: \$	\$	Share Portfolio:	
Security provided/address:			Stock	
2.Name of Lender:	Repay Amount: \$	\$	No. of Shares @ \$	
Security provided/address:			Stock @ \$	
Unsecured Loans/Personal Loans			Real Estate:	
1.Name of Lender:	Repay Amount: \$	\$	1.Address	
2.Name of Lender:	Repay Amount: \$	\$	Purchase Price \$ Purchase Date / /	
Security provided/address:			2.Address	
Lease/Hire Purchase			Purchase Price \$ Purchase Date / /	
1.Name of Lender:	Repay Amount: \$	\$	3.Address	
Asset Purchased:			Purchase Price \$ Purchase Date / /	
2.Name of Lender:	Repay Amount: \$	\$	Motor Vehicles	
Asset Purchased:			(Insurer:)	
Credit/Store Cards (include even if balance is nil)			Make & Model Year of Manf \$	
Card Type Issuer	Card Limit \$	\$	Make & Model Year of Manf \$	
	\$	\$	Other Assets	
	\$	\$		
TOTAL LIABILITIES		\$		
Contingent Liabilities (eg Personal guarantors)			Life Policies	
			(Insurer:)	
			Sum Insured: \$ Annual Prem \$ Surrender Value \$	
			\$ \$ \$	
			TOTAL ASSETS	
			\$	
			Superannuation (Est current payout)	
			Fund Manager: \$	
			Furniture & Household Effects	
			(Insurer:) \$	

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Signed & Dated by Applicant / /20__ Signed & Dated by Joint Applicant / /20__

Send this completed application form together with any relevant documentation to:
 CBL Insurance Ltd, Tower One, The Shortland Centre, 51 Shortland St, P O Box 3772, Auckland.