

## RENTAL GUARANTEE BOND APPLICATION

| 1. APPLICANT |         |
|--------------|---------|
| Applicant:   | Phone:  |
| Address:     | Fax:    |
|              | E-mail: |

| 2. RENTAL PROPERTY ADDRESS   |    |                   |                |   |                   |
|--|----|-------------------|----------------|---|-------------------|
| Rental Property Address: <i>(please attach Agreement to Lease)</i> |    |                   |                |   |                   |
| Construction of Building:  |    |                   |                | Approximate age of premises:          yrs |                   |
| Type of area: Commercial/Industrial/Retail/Mixed/Other             |    |                   | Area size:     | No. of car parks:                         |                   |
| Lease Term:  |    |                   | Annual Rental: |   | Review frequency: |
| Annual Rent:   | \$ | Covered Outgoings | \$             | Total Annual Cover Required: \$           |                   |

| 3. LANDLORD |        |
|-------------|--------|
| Landlord:   | Phone: |
| Address:    | Fax:   |
| E-mail:     |        |

| 3. TENANT |                    |
|-----------|--------------------|
| Tenant:   | Established since: |
| Address:  |                    |
|           |                    |

| 5. TENANT PRINCIPALS |          |
|----------------------|----------|
| Tenant Principals:   |          |
| Name:                | Address: |
| Name:                | Address: |
| Name:                | Address: |

**IMPORTANT NOTICE - As required under the Privacy Act 1993, the following is brought to your attention:**

1. As part of the evaluation of this Bond, we need to collect certain information about you contained in this form and from further inquiries we may make.
2. The intended recipient of this information is Contractors Bonding Ltd, its subsidiaries, divisions, agents or assigns, which will collect it and hold it.
3. The collection of this information is required pursuant to your Bond.
4. You have certain rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

|            |       |
|------------|-------|
| SIGNED:    |       |
|            |       |
| Full Name: | Date: |

Send this completed application form together with any relevant documentation to:  
 Contractors Bonding Ltd, Tower One, The Shortland Centre, 51 Shortland St, P O Box 3772, Auckland. Phone 09 303 4770, Fax 09 300 5046.

**PERSONAL STATEMENT OF FINANCIAL POSITION AT / / 200\_\_**

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

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

| 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 and authorise inquiries by CBL for the purpose of approving this application.

Signed & Dated by Applicant / / 20\_\_

Signed & Dated by Joint Applicant / / 20\_\_