

**COLLATERAL RELEASE APPLICATION**

To: **The Management - Guarantees Division**  
**Guardrisk Insurance Company Limited ('Guardrisk')**

Kindly transfer/release collateral at the request of the authorised person acting on behalf of the Applicant from the pledged collateral account into the designated deposit account, as per the details below of which I hereby confirm. Kindly note that all personal information disclosed herein is considered as my personal information. Such information is required solely for the purpose of policy administration and will not be disclosed to any unrelated third party at any time and will be kept confidential and secure. I authorise Guardrisk to collect, process and store my personal information for the purpose of policy administering.

All fields to be completed\*

DOCUMENTATION REQUIRED			
Confirmation of bank account (stamped bank letter)			Copies are to be provided
Authorised Resolution			
Identity Document			

APPLICANT DETAILS			
Name of Applicant			
Authorised Person Name & Surname			
Designation			
Tel		email	
Reason/s for release			

COLLATERAL ACCOUNT DETAILS			
Please transfer the funds <b>from</b> the following account:			
Name of Account			
Name of Bank			
Account Number		Branch code	
Amount to be released			

DEPOSIT ACCOUNT DETAILS			
Please transfer the funds <b>into</b> the following account:			
Name of Account			
Name of Bank			
Account Number		Branch code	
Amount to be transferred			

**DECLARATION**

I hereby declare that all particulars and answers in this application and supporting documents are true and complete in every respect, and that no material fact has been suppressed or withheld.

I declare that the details and information furnished in this application, to the best of my knowledge fairly represent and true state of the Applicant. I have not concealed any material facts relevant to this application and I verify any verification of any aspect of this application.

I further declare that if such statements and particulars are in the writing of any person other than myself, such person shall be deemed to have been my Agent for the purpose of this application, and I agree that this declaration and the details given shall be the basis of the contract between the Applicant and Guardrisk Insurance Company Limited.

I declare that the signatory that has executed this application form is duly authorised to do so in terms of the attached provided resolution.

Signed at		on this		day of		20	
Signature							Company stamp
Full name & surname							
Designation							
Identity Number							

FOR OFFICE USE ONLY					
Transaction details					
Underwriter		Signature		Date	
Executive/Manager		Signature		Date	
Finance		Signature		Date	
Processed		Signature		Date	