

GUARANTEE / BOND APPLICATION FORMTo: The Management - Guarantees Division
Guardrisk Insurance Company Limited

Kindly issue on the Applicant's sole risk and responsibility a Guarantee/Bond in the foregoing terms, which I/We hereby confirm. Kindly note that all personal information disclosed herein is considered as your 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.

I authorise Guardrisk to conduct credit checks on the Applicant and/or Contractor with one or more registered credit bureaus, as required. I consent that;

- (i) the Applicant's and/or Contractor's payment behavior be monitored by researching its record at one or more credit bureaus,
- (ii) new information and data may be obtained from credit bureaus on the Applicant and/or Contractor,
- (iii) the existence of the Applicant's and/or Contractor's account may be recorded with any registered credit bureaus.

* All fields to be completed

A. DOCUMENTATION REQUIRED

Letter of Award	
Guarantee Wording Template	
Joint Venture Agreement (if applicable)	

* Underwriters may require additional information to above, as required

B. BROKER DETAILS

Brokerage Name:	Broker Name:	
Tel:	Mobile:	Email:

C. APPLICANT DETAILS

Trading Name:		
Registration Number:	VAT Number:	
Physical Address:	Code:	
Postal Address:	Code:	
Contact Person:		
Tel:	Mobile:	Email:

D. PRINCIPAL/CONTRACTOR/OBLIGOR DETAILS:

Guarantee to be issued on behalf of:

Trading Name:		
Registration Number:	VAT Number:	
Physical Address:	Code:	
Postal Address:	Code:	
Contact Person:		
Tel:	Mobile:	Email:

Contractor Status:

- | | | |
|--|--|---|
| <input type="checkbox"/> Principal/Obligor | <input type="checkbox"/> Main Contractor | <input type="checkbox"/> Sub-contractor |
| <input type="checkbox"/> Joint Venture | <input type="checkbox"/> Consortium | <input type="checkbox"/> EPC/Turnkey |

E. BENEFICIARY/EMPLOYER/OBLIGEE DETAILS

Guarantee to be issued in favour of:

Name of Beneficiary/Employer/Obligee:	
Registration No:	
Physical Address of Beneficiary/Employer/Obligee:	
	Code:
Name of Principal Agent/Engineer/Project Manager:	
Physical Address of Principal Agent/Engineer/Project Manager:	
	Code:

F. CONTRACT AGREEMENT DETAILS

Underlying contract:

Contract number:	
Contract description:	
Site Location:	
Contract Sum:	
Contract start date:	Contract end date:
Maintenance start date:	Maintenance end date:
Contract duration:	
Form of contract:	
Gross profit:	Net profit:
Percentage of work to be done by subcontractors:	

G. GUARANTEE/BOND DETAILS

Currency:	Amount:	%age of contract sum:
Amount in words:		
Guarantee/bond start date:	Guarantee/bond end date:	
Expiry date:		
Guarantee type: <input type="checkbox"/> Performance <input type="checkbox"/> Bid <input type="checkbox"/> Other <input type="checkbox"/> Advance Payment <input type="checkbox"/> Retention		
If other, please specify:		
Guarantee wording:		
Is maintenance to form part of this guarantee/bond? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many months?		
Issuing guarantor (Guardrisk/Bank/Foreign insurer/Foreign Bank)		

H. GUARANTEE/BOND ADMINISTRATION

Delivery Instructions:

Date the guarantee/bond is required:	
Delivery: <input type="checkbox"/> Yes <input type="checkbox"/> No	Collection: <input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery address:	
	Code:
Contact Person:	
Tel:	Mobile:
Email:	

I. DECLARATION BY THE APPLICANT

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

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

I/We further agree to accept a guarantee/bond subject to the conditions prescribed by Guardrisk Insurance Company Limited and to pay the applicable premium in full thereunder.

I/We understand that the responsibility rests with me/us to obtain and return this guarantee after its expiry and/or cancellation and that I/we are liable for the additional premium as may be determined by Guardrisk Insurance Company Limited from time to time until the return of the original guarantee has been secured.

I/We declare that the signatory/ies that has/have executed this guarantee/bond application form is/are duly authorised to do so.

Signed at on this day of 20

For and on behalf of the Applicant:

Signature
Full name & surname:
Designation:

Signature
Full name & surname:
Designation: