

Contract/Performance Bond Facility Form

Please answer all questions fully and attach schedules requested.

1 Applicant

Full Name _____
 Postal Address _____

 Person to Contact: _____

 Telephone _____ Fax: _____ Email: _____
 Mobile _____ Website: _____
 Registered Office _____
 Registered Number _____ Date of Incorporation: _____
 Business of Applicant _____
 Facility Amount Requested _____
 (Attach Brochures if you have any) _____

2 Principal Managers/Shareholders/Partners

Full Name (1) _____
 Professional Status Full Time? Yes No Shareholding % _____ Age _____ Director? Yes No
 Qualifications _____
 Personal Address _____

 Full Name (2) _____
 Professional Status Full Time? Yes No Shareholding % _____ Age _____ Director? Yes No
 Qualifications _____
 Personal Address _____

 Full Name (3) _____
 Professional Status Full Time? Yes No Shareholding % _____ Age _____ Director? Yes No
 Qualifications _____
 Personal Address _____

 Full Name (4) _____
 Professional Status Full Time? Yes No Shareholding % _____ Age _____ Director? Yes No
 Qualifications _____
 Personal Address _____

3 Bankers

Bank Name: _____
 Address: _____

 Present Facility Limits Overdraft _____ Term Loan _____ Guarantees _____
 Security Indemnities _____
 Charges _____
 Cash/other _____
 Person to Contact _____
 Telephone _____ Fax Number: _____ Email: _____

Please sign the attached Letter of Authority and send a copy to each of your Bankers for each of your companies.

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4 Auditors

Auditor's Name: _____
Postal Address: _____
Person to Contact: _____
Telephone _____ Fax _____ Email: _____ Mobile _____

5 Solicitors

Solicitor's Name: _____
Postal Address: _____
Person to Contact: _____
Telephone _____ Fax _____ Email: _____ Mobile _____

6 Insurance Brokers for Bond Facility (if applicable)

Solicitor's Name: _____
Postal Address: _____
Person to Contact: _____
Telephone _____ Fax _____ Email: _____ Mobile _____

7 Insurance Details

Class	Insurance Company	Wages/Indemnity Limit	Deductible	Renew Date
Employer's Liability	_____	Wages _____	_____	_____
Public Liability	_____	Limit _____	_____	_____
Contractor's All Risks	_____	Limit _____	_____	_____

8 Existing Bond Facilities

Surety	Facility Limit	Value of Bonds in Issue	No of Bonds in Issue
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9 Financial Year

	Turnover	Profit Before Tax
Last	_____	_____
Current	_____	_____
Next	_____	_____

10 Has the Applicant:

- a. Been in business for more than five years under the same ownership? Yes No
- b. A Sub-Contractors Tax Certificate for the Current Year? Yes No
- c. Made profits before tax in each of the last three years? Yes No
- d. Ever failed to complete a contract to the clients satisfaction? Yes No
- e. Ever had a claim made on a bond issued on behalf of a member or connected firm thereof? Yes No
- f. Ever had a judgement in respect of any debt registered against the firm or any member thereof? Yes No
- g. Or any connected firm or any member thereof ever been bankrupt, in receivership or liquidation? Yes No
- h. Any unresolved or pending legal or other disputes in existence? Yes No
- i. Had any Trade Accounts closed for non compliance with terms? Yes No
- j. Arrears of more than three months in P.A.Y.E. or other tax Payments? Yes No
- k. Had its Accounts qualified by its auditors in the last three years? Yes No
- l. Plans for Major Fixed asset investment or disposal in the coming year? Yes No
- m. Failed to comply with Health and Safety legislation? Yes No
- n. Fulfilled all pension obligations and is a member of a recognised Industry Pension Scheme? Yes No

If you have ticked any shaded boxes please give full details in a covering letter

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Important

1. Have you sent a signed Letter of Authority to each of your Bankers? Yes No
2. Please send us:
 - (a) The Audited Accounts, for the last two financial years, of this firm and all connected firms owned by the same shareholders. Schedules breaking down the main balance sheet figures should accompany the accounts.
 - (b) Management Accounts or a current year forecast if available.
 - (c) A Statement of personal assets and liabilities of the main shareholding Directors may be requested if substantial assets are held in personal names.
 - (d) A Schedule of key personnel employed stating, Name, Qualifications, how long with the firm, responsibilities/function, number of years experience in function in total.
 - (e) A Schedule of largest contracts completed in the last five years stating, client, description of contract, final contract sum, duration, date completed and Architect/Engineer in charge of contract.
 - (f) A "Contract Bond Proposal Form" if you require a bond immediately.

I/We confirm the above information is true and correct to the best of my knowledge I have not withheld any information which could materially affect this application.

Signed

Title/Position

Date