

Retention Bond Application Form

Details of Company

Name of Contractor: _____

Trading Address: _____

Registered Address: _____

Tel: _____ Contact Name: _____

Mobile: _____ E-Mail: _____

Holding Group/Parent Company : _____

Holding Group/Parent Company
Address: _____

Directors Details:

Full Names :

Home
Addresses:

Title/Position:

History/Background:

Formation Date: _____ Company Number: _____

Accountants: _____

Solicitors: _____

Bank/Bank Details: _____

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Details of Banking Facilities: _____

Overdraft Facility Limit

Date Agreed: _____

Current Sum of Overdraft

Facilities secured by: _____

Where have you secured bonds previously?

Contract Details:

Name and Address of your Employer/Beneficiary: _____

Description and Location of Works: _____

Contract Price:

Build Period:

Retention % to PC:

Maintenance Period:

Retention % to end of Maintenance:

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At Practical Completion	€
At end of Maintenance	€

Estimated Retention Amounts:

Details of Liquidated Damages/Penalties: _____

Is Price Variation Allowed for? (Please fill in fields below)

Labour	
Materials	

Retention Start Date: _____ Payment frequency: _____

Retention End Date: _____

Contract/Agreement Date: _____ Contract/Agreement No: _____

Type of Contract -JCT 81/JCT.IFC 84 or other:

Subcontractors Details:

Details of Works to be Sub Contracted:

Details of Sub Contracts for which Sub contractors provide Bonds:

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Disclosure

Please mark (Y/N)

Has the applicant, and/or any of its Directors or Partners ever required a surety to make a payment under a bond or guarantee? _____

Been Bankrupt or entered into an arrangement with creditors whether voluntary or not, or been a Director or Partner of a Firm or company to which a receiver or Liquidator has been appointed?

Has your company ever had any County Court Judgements or adjudications awarded against it?

If you have answered Y to any of the above please give further details, in the field below:-

I hereby give permission for the Surety/s & Le Chéile Group to perform credit checks on our behalf :

Signature: _____

PLEASE NOTE - IMPORTANT

I/We declare that the above statements and information are true and complete and that I/we have not concealed any material information fact or circumstance whether requested or not that could affect a decision or condition applying to any decision.

I/We also confirm that any information which I/We have supplied in this form about other persons is given with their knowledge and consent and where necessary their authorisation.

Please send back this application with the following:

- Bond Wording
- Up to date Management Accounts
- Audited Accounts (two financial years)

Signature: _____

Position : _____ Date : _____