

# le chéile

Group

## Revenue Bond Proposal Form

### 1. Applicant Details

Name of Proposer: \_\_\_\_\_

Business of Applicant: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Position: \_\_\_\_\_

Telephone Number: (Please detail full prefix (i.e. +353)) : \_\_\_\_\_

Email: \_\_\_\_\_

Registered Address (if different)

\_\_\_\_\_

Company Registration Number:

\_\_\_\_\_

### 2. Details of Directors or Principals (Attach more if required)

Directors Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Directors Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

Directors Name (Address on next page) :

\_\_\_\_\_

Address:

\_\_\_\_\_

### 3. Bank Details

Name of Bank:

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Bank Address:

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### 4. Auditors Details

Auditors Name:

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Address:

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### 5. Details of Bond Required

Bond Type (Warehouse/Removal etc.)

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Bond Amount Required:

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Specify the nature of goods:

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Warehouse/Premises Address:

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Commencement of Cover:

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Annual Renewal Date:

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## 6. Have any other Sureties been applied to?

[Current Bond] If "YES", please give details of Sureties and results of the applications

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[Any Prior Bond Application] If "YES", please give details of Sureties and outcome of the applications

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## 7. Additional Information

Have the Customs & Excise Authority of Ireland at any point,

Issued a pay notice requesting payment of any duty owing following default by the proposer or any principal or director? \_\_\_\_\_

Declined an Application?(Give details) \_\_\_\_\_

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## 8. Standard Disclosures (Answer Y/N)

Has the applicant, 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?

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Has your Company ever had any County Court Judgments or adjudications awarded against it?

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**If you have answered Y to any of the above please attach further details dates, values, reasons and outcome.**

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I hereby give permission for the Surety/Le Chéile Group to carry out credit checks on my/our

Behalf..... (Signature of authorised company officer)

**\*\* Please send this application back with the following\*\*:**

1. Audited set of Accounts (prior two financial years)
2. Most Recent Management Accounts
3. Bond Wording supplied by the Revenue

### **IMPORTANT PLEASE NOTE**

I confirm that any data which I have supplied in this form about other persons is given with their knowledge and authorisation.

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

Signature.....

Position.....

Date.....