

le chéile

Group

Trans Frontier Shipment/ Waste Disposal Proposal Bond Application Form

Applicant details

Full Name: _____

Business of Applicant: _____

Postal Address: _____

Contact Person: _____

Company Title: _____

Telephone: _____

_____ Email: _____

Registered Address (if different) _____

Company Registration Number: _____

Directors Details

Full Name: _____

Address: _____

Full Name: _____

Address: _____

Full Name: _____

Address: _____

Bank Details

Bank Name: _____

Person dealing with Account: _____

Bank Address: _____

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Auditors Details

Auditors Company Name: _____

Name of Auditor: _____

Address of Auditor: _____

Bond required (TFS / EPA)

Bond Amount Required: _____

Nature of Goods Involved: _____

Location of Warehouse/Premises: _____

Shipping to: _____

Commencement Date: _____

End Date: _____

Additional Information (Please Circle your answer)

Has the TFS or EPA Office:

- Declined an Application or Licence or indicated any issues? **Y / N**

- Has there been a claim on a bond under the terms and conditions determined in Regulation (EC) No. 1013/2006 by the proposer or any principal or director? **Y / N**

Surety Questions

Have you approached any other surety for the current bond? If "YES", please give names of Sureties and outcome of the application?: _____

What Sureties/Bank have you arranged previous bonds with? Please give names of Sureties and outcome of the applications?: _____

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Disclosure

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? Y / N

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

If you have circled Y to any of the above please give further details dates, values, reasons and outcome below:-

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

VERY IMPORTANT

- I/we declare that the above statements 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 data which I have supplied in this form about other persons is given with their knowledge and authorisation.

NB: Please send this application back with the following :

- Accounts for the last two financial years
- Most recent set of Management Accounts
- Bond wording provided by the TFS/EPS (if Known)

Signature..... Position..... Date.....