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Group

Development Bond Proposal

(Please complete all Sections and turn with the documents listed)

Applicant Details :

Full Company Name : _____

Trading Address: _____

Registered Address: _____
(If different)

Contact Name: _____ **e-mail :** _____

Position: _____

Tel: (i.e. +353) : _____ **Mobile:** _____

Type of Bond required:

Development Bond: **Street Acts Bond NI:** **Other Bond Type (please request)**

Planning Authority the bond is in favour of

Name: _____

Address: _____

Detailed description of works to be completed by the applicant including the location of the project

site: _____

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Will the applicant have a Main Contractor carry out the total development and building works? Yes /No

If not provide full details of how it is planned to execute the works. Details attached Yes/ No

Site layout plan showing the public open spaces and main services Details attached Yes/ No

Does the area to be bonded join a road that is currently taken in charge. Yes/ No

Area of Land for Development: _____ Does the applicant own all the land? Yes/ No

Number of Residential units per Planning Permission: _____ Erected to Date: _____

Number Sold: _____ Selling Price Range: €/£ _____

Will the development be phased? Yes/ No

If Yes, attach a copy letter from Local Authority agreeing phases and bond amounts

Provide details of how the development is being financed including names of lenders and investors

Estimated cost of development works to taking in charge: _____

Total Bond Amount requested in the planning permission: _____

Phase 1 bond amount: €/£ _____ Expected Start date: _____ Expected Completion Date: _____

Phase 2 bond amount: €/£ _____ Expected Start date: _____ Expected Completion Date: _____

Will the Planning Authority agree to reduce the bond amount before final taking in charge when phases are completed Yes/No

If yes give details: _____

Planning Permission & Development details:

Planning Permission Reference: _____

Date(s) of: (a) Planning Application(s): _____ (b) Planning Permissions (Grant): _____

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Provide details of the bond requested:

Please attach the bond wording requested by the Planning Authority. Attached Yes / No

Date Bond to commence: _____

Date when all works are expected to be completed: _____

Expected date when the Planning Authority will be satisfied to release the Bond: _____

Provide name and address of the architect or engineer who can provide further information on the development details if required:

Contact person: _____ **Email:** _____ **Phone:** _____

Have you or do you intend to apply for this bond from other surety companies? Yes/No

Has any other surety or bank declined to provide this bond? Yes/No

If so, please give details: _____

Have there been any material events or changes in the company financial position since the publication of the latest audited accounts: Yes/No

If the answer is yes please give details: _____

Please submit a workload schedule, with this application, showing details of project in hand whether bonded or no. Workload schedule attached Yes/No

General Insurance Renewal Date: ___/___/____

General Insurance company policy is with: _____

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Standard Disclosure

Has the application to any of its Directors or Partners ever required a Surety to make a payment under a Bond or Guarantee? Yes/No

Has the application ever been Bankrupt or entered into an arrangement with creditors whether voluntary or not, or has any Director or Partner been a Director or Partner of a firm or company to which a receiver, liquidator or administrator has been appointed? Yes/No

Has your company ever had any Judgements or adjudications awarded against it? Yes/No

NB: If you answer YES to any of the above please provide details including dates, values, reasons and outcome on a separate page

IMPORTANT

Broker of Record Declaration:

Please note we have appointed Le Chéile Financial Services Ltd as our broker of record for all matters pertaining to this quote. Please give them every assistance in carrying out their duties on our behalf.

I/We hereby declare that the above statements and particulars are true and that to the best of my knowledge I/We have not withheld any information which could materially affect this application. I/We authorise Le Chéile Group to contact any source to obtain any information it may require in considering this application and understand that Le Chéile Group reserves the right to decline this application without giving reasons.

I/We hereby give permission for the Sureties/ Le Chéile Group to perform credit checks on our behalf:

Signed: _____ **Name:** _____

Position: _____ **Date:** ____/____/____

NB **Please send back this application with the following**

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