

Revenue Bond Proposal Form

(Please complete all questions and return with the documents listed)

Applicant Details:

Name of Proposer: _____

Business of Applicant: _____

Trading Address: _____

Registered Address: _____
(If different) _____

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

Position: _____

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

Company Registration Number: _____

Details of Directors or Principals (Attach more if required)

Directors Name: (1) _____

Address: _____

Directors Name: (2) _____

Address: _____

Directors Name (3) _____

Address: _____

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Bank Details:

Name of Bank: _____

Bank Address: _____

Auditors Details

Auditors Name: _____

Address: _____

Details of Bond Required:

Bond Type (Warehouse/Removal etc.)

Bond Amount Required: _____

Specify the nature of goods: _____

Warehouse/Premises Address: _____

Commencement of Cover: _____

Annual Renewal Date: _____

Have any other Sureties been applied to?

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

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

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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) _____

Commercial General Insurance Renewal Date: ____/____/____

Commercial General Insurance company policy is with: _____

Standard Disclosures:

Has the applicant, any of its Directors or Partners ever required a surety to make a payment under a bond or guarantee? Yes _____ No _____

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?
Yes _____ No _____

Has your Company ever had any Judgments or adjudications awarded against it?
Yes _____ No _____

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

I hereby give permission for the Surety/Le Chéile Group to carry out credit checks on my/our behalf _____ **(Signature of authorised company officer)**

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IMPORTANT PLEASE NOTE

Broker of Record Declaration:

Please note I/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 Statement of Needs are true and complete and that I/We have not concealed any material information, fact or circumstance which could be capable of being viewed as material to any decision making in respect of underwriting this risk. I/We understand that I/We have a duty to disclose any and all facts which may be material to any underwriting decision.

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)