

TRANS FRONTIER SHIPMENT/WASTE DISPOSAL PROPOSAL BOND APPLICATION FORM

(Please complete all sections of this form & return with the documents listed)

Applicant Details:

Full Name: _____

Business of Applicant : _____

Trading Address: _____

Registered Address: _____
(If different)

Company Registration No: _____

Contact Name: _____ e-mail: _____

Tel: _____ Mobile: _____

Directors Details:

Full Names: (1) _____ (2) _____ (3) _____

Home Address: _____

Mobile Tel No: _____

Title/Position: _____

Bank Details:

Bank Name : _____

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Bank Address: _____

Auditors Details:

Auditors Company Name: _____

Name of Auditor: _____

Address of Auditor : _____

Type of 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 and Application of Licence or indicated any issues? **Yes/No**

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? **Yes/No**

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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?

Commercial General Insurance Renewal Date: ___/___/___

Commercial General Insurance company policy is with: _____

Standard Disclosure

Has the applicant or any of its Directors or Partners ever required a Surety to make a payment under or Bond Or Guarantee? YES: _____ NO: _____

Has the applicant 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.

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IMPORTANT:

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.

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

Signed: _____

Name: _____

Position: _____

Date: ____/____/____

NB **Please return this application with the following**

- Bond Wording provided by the TFS/EPS (if known)
- Up to date Management Accounts
- Audited Accounts (two financial years)