**CONSTRUCTION GUARANTEE FACILITY PROPOSAL**

To avoid delays you are requested to complete the proposal forms in full and return along with the documentation mentioned in the checklist as soon as possible. (All information submitted will be treated with confidentiality). We will not be able to start quoting without **ALL** the required documents.

The documents assessed will be assessed in line with your particular requirements, after which we will revert back to you.

* Once we have received ALL the required documents it will take 48 hours to get a facility quote.
* The initial cost for opening a facility is R3, 999.00 once off. This is for the security documents.
* Once the security documents are in place, we will require an additional 12 hours to issue the invoices.
* Once invoices have been issued and all payments are made there is a 24 hour turnaround time for the actual Guarantee to be issued.

**SECURITY DOCUMENTS QUESTIONNAIRE:**

**IN RESPECT OF ALL CC’S AND PTY LTD’S INVOLVED, THE FOLLOWING INFORMATION IS REQUIRED (PLEASE COMPLETE ONE PAGE FOR EACH COMPANY INVOLVED):**

|  |  |
| --- | --- |
| Company Name: |  |
| Company Registration Number: |  |
| Company Registered Physical Address:  (as per CIPRO documents) |  |
| Company Postal Address:  (attach letterhead reflecting same) |  |
| Company Income Tax Number:  (Attach copy of SARS document) |  |
| Company VAT Number:  (Attach copy of SARS document) |  |
| Company Members’ Names: |  |
| Company Bankers (attach bank statement): |  |
| Who will sign security documents on behalf of the company? (Attach copy of Resolution) |  |

**IN RESPECT OF ALL INDIVIDUALS INVOLVED (PLEASE COMPLETE ONE PAGE FOR EACH INDIVIDUAL):**

|  |  |
| --- | --- |
| Member’s Name: |  |
| Member’s Surname: |  |
| Identity Number: |  |
| Personal Income Tax Number: |  |
| Physical Address: |  |
| Postal Address: |  |
| Marital Status:  ***\**** Unmarried / Divorced / Widowed  ***\**** Married in Community of Property (COP)  ***\**** Married ANC with Accrual  ***\**** Married ANC without Accrual |  |

Initial here

***\**** If married COP or ANC with accrual please complete the following:

|  |  |
| --- | --- |
| Spouse’s Name: |  |
| Spouse’s Surname: |  |
| Spouse’s Identity Number: |  |
| Spouse’s Personal Income Tax Number: |  |
| Spouse’s Physical Address: |  |
| Spouse’s Postal Address: |  |

**IN RESPECT OF ANY TRUSTS INVOLVED, THE FOLLOWING INFORMATION IS REQUIRED:**

|  |  |
| --- | --- |
| Trust’s Name: |  |
| Trust’s Registration Number: |  |
| Name & ID Number of all Trustees (if the space is insufficient attach a separate page) |  |
| A copy of the Letter of Authority: |  |
| Who will sign on behalf of the Trust |  |

* Copy of trust Deed to be submitted.

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**COMPANY QUESTIONNAIRE FOR GUARANTEE (FACILITY)**

**(CONSTRUCTION GUARANTEE FACILITY)**

1. **COMPANY BUSINESS DETAILS:**

Registered Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Physical Address (if different): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Incorporation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VAT Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CIDB Rating: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **REQUIRED UNDERWRITING INFORMATION ATTACHED:**

|  |  |  |
| --- | --- | --- |
|  | **Company and Group** | **Associated Companies** |
| Audited Financial Statements  (not older than 8 months from year-end) |  |  |
| Draft Financial Statements / Management accounts |  |  |
| Group Operating Structure |  |  |
| Certificates of incorporation & Member Identity Documents |  |  |
| Other |  |  |

1. **BROKER:**

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**(Attach Broker Appointment Letter)**

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1. **SHAREHOLDERS / MEMBERS / PARTNERS / SOLE TRADERS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Names & Surname** | **% Shares held** | **ID Number / Company Registration Number** | **Married COP /**  **ANC with /**  **without Accrual** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

In the event that the abovementioned shareholders are married in community of property or out of community of property with an application of an accrual or an ante-nuptial contract with some sharing upon dissolution of the marriage, it is required of their spouses to sign surety in respect of their joint.

1. **SUBSIDIARY / ASSOCIATED / AFFILIATED COMPANIES:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Registration No** | **% Shares held** | **Nature of Business** | **Bonds Required** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **BANKING DETAILS:**

Bankers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period with Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash Balance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Overdraft Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Overdraft Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How Secured? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Guarantee Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guarantees Outstanding? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Bankers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **KEY PERSONNEL:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Registration No**  **% Shares held** | **Nature of Business**  **Bonds Required** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Have any of the key personnel been a director / shareholder of a company which was liquidated or compromised with creditors

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **CONSTRUCTION GUARANTEE HISTORY:**

Who issued your Guarantee previously? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have any Guarantees issued on your behalf ever been called up? If so, supply details.\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you applied to anyone else for this Guarantee facility? If so, with whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have any applications ever been turned down? If yes, by whom and why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PLEASE ATTACH LIST OF GUARANTEES PRESENTLY OPERATIVE

Initial here

1. **EXISTING GUARANTEES:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Bank /**  **Insurance Company** | **Facility** | **Guarantees Outstanding** | **Rate Charged** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| How secured? | | | |

1. **NEW REQUIREMENTS:**

Required facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To replace existing facility:

Security / Collateral offered:

1. Personal Sureties – Shareholders:
2. Personal Sureties – Directors:
3. Cession of Loan Accounts:
4. Cession of Book Debts:

ADDITIONAL INFORMATION:

Has the concerns debtors been financed? Yes No

If so, to what extent? R \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Finance by? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are the debtors insured Yes No

If so, to what extent? \_\_\_\_\_\_\_\_\_\_\_\_\_ %

Insured with? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **LEGAL ACTION:**

Please note details of any legal action, summons, judgements, liquidation / sequestration orders or offer of compromise against any shareholder or director of the company, or against the company, its holdings, subsidiaries or associated companies.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**L. FINANCIAL STATEMENTS:**

Auditors / Accounting Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cellphone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***DECLARATION***

I/ We accept that should we wish to return the guarantee after it has been issued all refunds will be paid back less the commission and fees paid to the broker

I / We hereby declare that I / we understand the contents of the proposal form and that all the details and information furnished in this application, to the best of my knowledge, fairly represent the true state of affairs of the company / business and I / we authorise the verification of any aspect of this application. I / we have not concealed any material facts relevant to this application.

SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Please initial each page)* DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

FULL NAMES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Being duly authorised to sign this document)

TITLE/CAPACITY / DESIGNATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_