|  |
| --- |
| **PENDING A VISIT FOR INSPECTION/FURTHER ENQUIRIES KINDLY PROVIDE INFORMATION BELOW** |
| **FIDELITY GUARANTEE INSURANCE** |
| 1. Name & Address of Proposer: |
| 1. Address Of Proposed Property: |
| 1. Occupation Of Proposer: |
| 1. Email Address of Proposer: |
| 1. Telephone Number/s Of Proposer: |
| 1. List Names, Job Description, Salaries, Cash In Hand for staff To be Guaranteed. |
| 1. Provide information on Internal auditing system - Is It:  * Every hour * Every day * Every week * Every month |
| 1. Provide information on External auditing system – State periodic (How many times) |
| **We hereby agree that all information stated above are true and we agree that this declaration shall be the basis of the insurance contract.**  **Authorised Name Date Signature** |