

COMPANY QUESTIONNAIRE

FOR BONDS (FACILITY)

(GENERAL & COMMERCIAL GUARANTEES)

1. Company / Business Details

1.1.	Registered Name			
1.2.	Registered Address			
1.3.	Postal Address			
1.4.	Physical Address			
1.5.	Telephone Number		Fax	
1.6.	E-Mail			
17.	Registration No.		Date Business Commenced	
1.8.	Nature of Business			

2. Required Underwriting Information Attached

	Company and Group	Associated Companies	Affiliated Companies
Audited Financial Statements (not older than 8 months from year end)			
Draft Financial Statements			
Management Accounts			
Asset & Liability Statements (Shareholders / Directors / Members)			
Group Operating Structure			



SPECIALIZED INSURANCE COMPANY LIMITED | Registration Number 50508

+266 2232 0837/ 8 | info@sic.co.ls | www.sic.co.ls

Address | 5th Floor, MGC Park, Corner Pope John Paul II & Mpilo Boulevard, Maseru, Lesotho, 100

Directors | Managing Executive, Mr M Lazaro | Non-Executive, Mrs F Khabo & Mr S Beeton | Chairman, Mr N Letele

3. Broker (If Introduced to Specialized Insurance Company, by such) _____

1.1.	Company Name			
1.3.	Postal Address			
1.4.	Telephone Number		Fax Number	
1.4.	Contact		E-Mail	

4. Shareholders / Members / Partners / Sole Trader _____

Full Name	% Shares Held	ID Number	Company Reg. No.	Married ANC / COP

5. Subsidiary / Associated / Affiliated Companies _____

Full Name	Nature of Business	% Shares Held	Company Reg. No.	Bonds Required?

6. Subsidiary / Associated / Affiliated Companies _____

Bankers		Overdraft Used (M)	
Branch		How secured (Overdraft)	
Account No.		Bank Bond Facility (M)	
Period with bank		How secured (Bond)	
Cash Balance (M)		Bonds Outstanding (M)	
Overdraft Facility (M)		Other Bankers	

7. Personnel

Total permanent employees		As at (Date)	
---------------------------	--	--------------	--

Key Personnel		
Full Name	Position	Period with Company

Have any of the key personnel been a director/shareholder of a company which was liquidated or compromised with creditors?	Yes		No	
--	-----	--	----	--

If "yes", please provide details as per Declaration on page 5

8. Bond History

Who issued your Bonds previously?	
-----------------------------------	--

Have any Bonds issued on your behalf ever been called up?	Yes		No	
---	-----	--	----	--

If "yes", please supply details

Have any applications ever been turned down?	Yes		No	
--	-----	--	----	--

If "yes", by whom and why?

ave you applied to anyone else for this Bond or facility?	Yes		No	
---	-----	--	----	--

If "yes", with whom?

9. Current Bonds

PLEASE ATTACH LIST OF BONDS PRESENTLY OPERATIVE

Name of Bank/Institute	Facility	Bonds Outstanding	Rate Charged

How Secured?	
--------------	--

10. New Requirements

Required facility (M)			
To replace existing facility?	Yes		No
Addition to existing facility?	Yes		No
CUSTOMS AND EXCISE BONDS - DETAILS			
Bond in favour of			
Physical Address			
Port			
Type of Bond		Form Number	
Value of Bond			
BONDS (OTHER) - DETAILS			
Bond in favour of			
Physical Address			
Contract Number (if applicable)			
Description of Contract (exact wording as it is to appear on Bond)			
Contract Value (M)		Bond Value (M)	
Contract Dates	Start	Contract Dates	Complete
Type of Bond (Please Tick)	Supply	Payment	Other - Specify
Bond Wording	Attached	Not Specified	
State date that Bond is required			
Has the concerned Debtors been financed?	Yes		No
If "yes", to what extent? (M)			
Financed by?			
Are the Debtors Insured?	Yes		No
If s"yes", to what extent			
Insured with?			

10. Legal Action

Please note details of any legal action, summons, judgments, 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.

DECLARATION

I/We hereby declare that the details and information furnished in this application, to the best of knowledge, fairly represent the true state of affairs of the company/business and I/we authorize the verification of any aspect of this application. I/We have not concealed any material fact relevant to this application and this questionnaire will form the basis upon which any bond or surety may be issued.

I/We nominate, constitute and appoint Specialized Insurance Company Limited irrevocably and in rem saum to be my/our lawful agent to obtain payment of and give valid receipts for any money due to me/us by way of retention or otherwise, whether such money became due before, at the time of or after my/our failure, default or breach of Contract.

To reimburse Specialized Insurance Company Limited for any legal or other costs and charges which may reasonably be incurred by them in consequence of the foregoing clauses or resulting from this application.

To pay Specialized Insurance Company Limited such consideration as it may require in the form of premium for the bonds hereby applied for and for any extension thereof beyond the completion date stated herein.

To reimburse Specialized Insurance Company Limited for any costs including valuation costs incurred in regard to bonds provided or to be provided.

Name		Date	
------	--	------	--

Designation (Being duly authorized to sign this document)	
---	--

SIGNATURE	
-----------	--



SPECIALIZED INSURANCE COMPANY LIMITED | Registration Number 50508

+266 2232 0837/ 8 | info@sic.co.ls | www.sic.co.ls

Address | 5th Floor, MGC Park, Corner Pope John Paul II & Mpilo Boulevard, Maseru, Lesotho, 100

Directors | Managing Executive, Mr M Lazaro | Non-Executive, Mrs F Khabo & Mr S Beeton | Chairman, Mr N Letele