

NOTICE:

This document is intended for existing clients who wish to apply for a new trade bond.

To avoid delays you are requested to complete the forms in full.

Instructions:

1. Print this questionnaire.
2. Complete the questionnaire and fax it back to **Edge Risk Partners (Pty) Ltd.**

APPLICATION FOR A CUSTOMS BOND

Applicant

Registered name:	
Registration number:	
Physical address:	
Postal address:	
VAT number:	
Telephone number:	
Fax number:	
Email address:	
Contact person:	
Website:	
Cellular number:	

Customs and Excise Bonds – Details

Bond in favour of:	
Port:	

Bonds (Other) – Details

Type of bond:			
Form number:			
Value of bond:			
Bond in favour of:			
Address:			
Telephone number:			
Fax number:			
Contact person:			
Email address:			
Description of contract: <i>(exact words as they are to appear on the bond)</i>			
Contract value:			
Bond value:			
Start date:			
End date:			
Type of bond:	Supply	Payment	Other (specify)
Bond wording	Attached		Not specified
Date bond required:			

Please attach list of bonds presently operative.

Existing bonds

Name of bank/insurance company	Facility	Bond outstanding	Rate charged
How secured?			

Financial Statements

Auditor/Accounting officer:	
Contact person:	
Telephone number:	
Fax number:	
Email address:	
Cellular number:	

DECLARATION

I/We hereby declare that 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 authorise the verification of any aspect of this application. I/We have not concealed any material facts relevant to this application.

Name

Designation

Authorised for and on behalf of

Signature

Signed at _____ this _____ day of _____ 20____