



APPLICATION FOR A GUARANTEE FACILITY

The purpose of this questionnaire is to develop sufficient information to assist us in evaluating the contractor's qualifications so that we will be in a position to provide a maximum surety facility. Please ensure that all sections are completed.

The following documentation is required for the consideration of a facility application

- Completed Application form
- Audited financial statements of the last three fiscal year ends
- Current work in progress schedule, listing all projects and work to be completed
- Copies of Bank statements that will verify cash
- Schedule of completed work, including details of cost overruns
- Company Profile (including Organogram)
- Company Registration documentation
- Copy of Company Letterhead
- Tax Clearance Certificates
- Copies of Identity Documentation and tax numbers for all members & their Spouses

Policy no.....CSC
name.....CSC no.....

Broker/Agent.....Broker/Agent no.....

A PARTICULARS OF APPLICANT

- 1 Full (licensed) name of applicant
.....
- 2 Company registration number.....
- 3 Postal address..... Postal Code.....
- 4 Registered address Postal Code..... 6
.....
- Telephone (work).....Facsimile(work).....
- 7 E-mailaddress.....



- 8 Type of Entity
 Joint Venture
 Partnership
 Sole Proprietor
 Close Corporation
 Private/Limited Company
- 9 Date business commenced.....
- 10 What percentage of work do you typically sub to others?.....%, as a subcontractor.....%

YES NO

Is the company a subsidiary, associate (>10% interest), parent, or holding company of any other company?

Has there been any change in the control of the company or any related entity in the past three years

Has the company ever failed to complete a contract?

Has the company, any owner, partner, subsidiary, parent, holding company or affiliate ever filed for a
Bankruptcy/liquidation?

Are there any liens filed against the company's or related entity's project?

Is the company/owner/s involved in any litigation?

Explain all "YES" answers below

.....

 Has the company/owner/owners provided any surety or indemnity in respect of any person, or institution for which you are or may become liable? If so, state the name(s) with the nature of each suretyship and the amount thereof.

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 Was the company/owner/s ever declared insolvent, or did you ever have to reach an agreement with your creditors? If so, state name(s) and address(es) of the trustee or distributor(s).

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B FINANCIAL INFORMATION

1If the applicant is a company, close corporation or partnership:

1.1 Name of holding/parent company.....

1.2 Particulars of subsidiary, associated or affiliated companies

NAME	REG NO	% SHARES HELD	NATURE OF BUSINESS

1.3 Particulars of shareholders, directors, members or partners

FULL NAMES	% SHARES HELD	ID NO/COMPANY REG NO	MARRIED IN COP/ OUT OF COP

B GUARANTEE FACILITY

1 Amount of facility being applied for : P.....
N.B.To be completed when applying for a guarantee facility or an increase in the existing facility amount.

1.4 Required information attached:

	Company and Group	Associated Companies	Affiliated Companies
1.4.1 Audited financial statements for the past 3 years	Yes / No	Yes / No	Yes / No
1.4.2 Group Operating Structure	Yes / No	Yes / No	Yes / No



Banking details

- 1.5.1 Name of bank.....
- 1.5.2 Branch.....
- 1.5.3 Period with bank.....
- 1.5.4 Long Term Credit facilities P..... Short Term Credit facilities P.....
- 1.5.5 How secured?

C GUARANTEE HISTORY

- 1 Which insurance company, surety company or financial institution previously issued your guarantee(s)?
.....
- 2 Do you currently have surety/guarantee facilities with any company or institution? If so, state names of companies/ institutions and the amount of facility with each one.
.....
- 3 Have any guarantees issued on your behalf ever been called up? If so, provide details.
.....
- 4 Have you applied to any other company/institution for this facility or guarantee? If so, state with whom.
.....
- 5 Has any application for a facility or guarantee ever been declined? If so, state by whom and for what reason.
.....

D COLLATERAL SECURITY OFFERED

YES / NO

- 1 Deed of pledge over fixed deposit – (state amount under point 7)
- 2 First bond over fixed property – (state valuation under point 7)
- 3 Cession over life and endowment policy – (state surrender value under point 7)
- 4 Personal indemnity by directors/members
- 5 Indemnity by parent company/any other company
- 6 Any other security (notarial bonds over movable property not acceptable).
- 7 Please provide full particulars regarding collateral security which can be offered:
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E PARTICULARS OF OTHER INSURANCE WITH BOTSWANA INSURANCE COMPANY LIMITED

Do you presently have any other insurance with Botswana Insurance Company Limited? If so, state the policy number(s) and the name(s) in which it is vested.

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I/We declare that to the best of my/our knowledge and belief, the information provided in this application is true in every respect, and shall form the basis of the agreement between me/us and Botswana Insurance Company Limited, should Botswana Insurance Company Limited agree to provide me/us with a guarantee facility and/or a guarantee(s) and act as surety.

I/We agree, in consideration of the fact that Botswana Insurance Company Limited has consented to act as surety, to pay the premium in respect of each guarantee that Botswana Insurance Company Limited may provide me/us with, at inception date of such guarantee. Should a guarantee, following the lapse of one year from the inception date, still be required by the employer (beneficiary), I/we furthermore agree to pay Botswana Insurance Company Limited all renewal premiums for the subsequent years at renewal date, until I/we can provide satisfactory proof to Botswana Insurance Company Limited that the guarantee is no longer required.

I/We authorise and consent Botswana Insurance Company Limited to obtain and verify any additional information on any aspect of this application with third parties (including but not limited to obtaining credit bureau reports), and we confirm that we have not concealed any material facts relevant to this application.

I/We furthermore agree to hold Botswana Insurance Company Limited fully indemnified against any and all loss, costs and expenses which may arise by reason of Botswana Insurance Company Limited having entered into the guarantee(s) on my/our behalf.

I/We furthermore authorise Botswana Insurance Company Limited to conduct any

I/We agree to reimburse Botswana Insurance Company Limited for any costs, including valuation costs incurred in regard to guarantees provided or to be provided or pay their attorneys as directed, for any cost, including valuation costs, incurred in drafting the securities required to establish the facility or to amend the facility.

Signed at.....on.....Signature.....
(Being duly authorised to sign this application)

Full names and surname.....

Capacity.....