

Application for a Guarantee Facility

This application carries no obligation and will be treated in the strictest confidence

Broker Details

Brokerage Name	Click here to enter text.		Contact Person	Click here to enter text.	
Tel No	Click here to enter text.	Fax No	Click here to enter text.	Email	Click here to enter text.

The attached document is for companies that wish to apply for a guarantee facility with Credit Guarantee Insurance Corporation of Africa Limited (CGIC); this refers to all NEW CLIENTS. If you already have a facility in place with CGIC, please use the Contract Specific Application form to apply for a new guarantee.

In order to process the Guarantee Facility Application for the Business, the attached application form must be completed clearly, in full and signed by the authorised Principal/s.

In addition to this form you need to submit the following:

Documents Required
1. Company PROFILE
2. Company ORGANOGRAM
3. Copy of COMPANY DOCUMENTS + MEMO & articles of Association incl. CM22/CM29/ CM1
4. 3 Years audited FINANCIALS
5. Company's latest MANAGEMENT ACCOUNTS
6. Current DEBTORS / CREDITORS schedule / age analysis
7. List of recently Completed Contracts including values
8. List of current Contracts Including Values
9. Copy of ID DOCUMENTS of all members / directors / (spouse ID if married COP / ANC with accrual)
10. Personal BALANCE SHEET of all Shareholders/Members/Directors (Assets and Liabilities)
11. Bank Statements (last 3 months)

Instructions:

1. Complete the questionnaire and fax or email it back to the Bonds and Surety Department of CGIC
2. Remember to attach the most recent AUDITED financial statements and the latest management accounts in order for your application to be considered

A. Company / Business Details

Registered name: Click here to enter text.

Registration number: Click here to enter text.

VAT Number: Click here to enter text.

CIDB rating: Click here to enter text.

Holding company (if applicable): Click here to enter text.

Nature of the business: Click here to enter text.

Date business commenced: Click here to enter text.

Physical address: Click here to enter text.

Postal address: Click here to enter text.

Telephone number: Click here to enter text.

Cell No. Click here to enter text.

Email: Click here to enter text.

Does the Business / Company own the business premises: Yes No

B. Shareholders / Members / Partners / Sole Trader Details

Full Name	% Shares Held	ID No / Company Registration No	Marital Status		
			COP	ANC	
				With Accrual	Without Accrual
Click here to enter text.	Click here to enter text. %	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text. %	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text. %	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text. %	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

C. Subsidiary / Associated / Affiliated Companies

Name	Reg. Number	% Shares held	Nature of business	Bonds required?
Click here to enter text.	Click here to enter text.	Click here to enter text. %	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text. %	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text. %	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text. %	Click here to enter text.	Click here to enter text.

D. Details of other business interests and previous businesses owned by the Directors/Members

Business Name	Type Of Business	Date Acquired	Date Disposed	Value of guarantees issued (if any)
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Were any of these businesses ever liquidated or wound up due to poor management / poor profits etc.:

Yes No

E. Personnel/Current Workforce

Total number of Employees		Click here to enter text.	As at (Date)		Click here to enter text.
Managerial	Click here to enter text.	Artisans	Click here to enter text.	Labourers (Permanent)	Click here to enter text.
Engineer/ Site agents	Click here to enter text.	Acc/Admin	Click here to enter text.	Labourers (Contract)	Click here to enter text.

Details of KEY PERSONNEL (relevant to business and projects)

Full Names	Position	Qualifications	Period at Company	
Click here to enter text.	Click here to enter text.	Click here to enter text.	From	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	From	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	From	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	From	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	From	Click here to enter text.

F. Bank Account Details of the Business

	Account 1	Account 2
Name of bank:	Click here to enter text.	Click here to enter text.
Branch	Click here to enter text.	Click here to enter text.
Account type (cheque/deposit/etc.)	Click here to enter text.	Click here to enter text.
Account in the name of	Click here to enter text.	Click here to enter text.
Account number	Click here to enter text.	Click here to enter text.
Cash balance	Click here to enter text.	Click here to enter text.
Overdraft facility	Click here to enter text.	Click here to enter text.
Overdraft facility Used	Click here to enter text.	Click here to enter text.

Do you have an investment account?: Yes No

If yes, what is the Value: R Click here to enter text.

Do you have additional bank guarantee facilities in place: Yes No

If yes, Value: R Click here to enter text.

G. Guarantee History

Who issued your guarantees previously?

Existing Guarantees			
Name of Bank / Insurance Company	Facility	Guarantees Outstanding	Rate Charged
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Have any guarantees issued on your behalf ever been called up? If so, supply details:

Click here to enter text.

Have you applied to anyone else for this facility or guarantee? If yes, with whom?:

Click here to enter text.

Have any applications been turned down? If yes, by whom and why?:

Click here to enter text.

H. New Requirements

Required facility: [R Click here to enter text.](#)

To Replace Existing facility: Yes No

Addition to Existing Facility: Yes No

Security Collateral Offered

	Yes	No		Yes	No	
Personal sureties - shareholders	<input type="checkbox"/>	<input type="checkbox"/>		Cession of Life Policies	<input type="checkbox"/>	<input type="checkbox"/>
Personal sureties - directors/trustees	<input type="checkbox"/>	<input type="checkbox"/>		Cover bond over fixed property/ties	<input type="checkbox"/>	<input type="checkbox"/>
Cession of loan accounts	<input type="checkbox"/>	<input type="checkbox"/>		Others (specify)	<input type="checkbox"/>	<input type="checkbox"/>
Cession of book debts	<input type="checkbox"/>	<input type="checkbox"/>				
Notarial bond over plant / equipment	<input type="checkbox"/>	<input type="checkbox"/>				
Cession/Pledge of cash/fixed deposit	<input type="checkbox"/>	<input type="checkbox"/>				
Other information (Indicate below)						
Click here to enter text.						

I. Legal Action

Please note details of any legal action, summons, judgment, 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:

[Click here to enter text.](#)

J. Major Plant / Equipment Used

Do you rent any of your plant / equipment used to carry out projects?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what % of plant/equipment do you rent?	Click here to enter text.	
From whom do you rent the plant/equipment?	Click here to enter text.	
Do you own any plant/equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the plant equipment owned by another company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, provide details:		
Click here to enter text.		

K. Declaration

I/We hereby declare that the details and information furnished in this application, to the best of my/our 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 fact relevant to this application and this questionnaire will form the basis upon which any guarantee, surety or bond may be issued.

I/We hereby declare that if Credit Guarantee Insurance Corporation of Africa Limited (CGIC) agrees to issue guarantees on my/our behalf, I/we hereby bind my/ourselves as follows:

1. To reimburse CGIC for all amounts which it has been called upon to pay in respect of its guarantees.
2. I/We nominate, constitute and appoint CGIC 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 a retention reinsurer or otherwise whether such money became due before, at the time or after my/our failure, default or breach of contract.

3. To reimburse CGIC for any legal or other costs and charges which may be reasonably incurred by them as a consequence of the foregoing clauses or resulting from this application.
4. To pay CGIC such consideration as it may require in the form of premium for the guarantees hereby applied for and for any extension thereof beyond the completion date stated herein or to pay their attorneys as directed, for any costs including valuation costs incurred in the drafting of securities requested to establish the facility or amend the facility.
5. To reimburse CGIC for any costs including valuation costs incurred in regard to guarantees provided or to be provided.

Consent Clause

The Applicant/s Business acknowledges and agrees:

1. That a credit check of the business's record with one of more of the registered credit bureaus may be performed.
2. That the business's payment behavior be monitored by researching its record at one or more credit bureaus.
3. That new information and data may be obtained from credit bureaus.
4. That the existence of the business's account may be recorded with any registered credit bureaus.

I/We declare that the Principal/s who has/have signed the Guarantee Application form is/are duly authorised to do so in terms of

resolution dated: [Click here to enter text.](#)

Signed at: [Click here to enter text.](#)

Date: [Click here to enter text.](#)

Capacity: [Click here to enter text.](#)

Tel No: [Click here to enter text.](#)

Signature: _____

Date: [Click here to enter text.](#)

Stage 2 of Application

Should the application be successful CGIC will request the following information to draft documents for signature in order to issue the guarantee.

Surety details - please provide ID copies of all members / directors / trustees / individuals

Full Name:		
ID Number:		
Residential Address:		
Home Tel:	Cell Number:	Work Tel:
Married:	Yes	No
If married ANC (with accrual) /Community of Property (COP)		
Spouses Full Names:		
Spouses ID Number:		
Residential Address:		

Full Name:		
ID Number:		
Residential Address:		
Home Tel:	Cell Number:	Work Tel:
Married:	Yes	No
If married ANC (with accrual) /Community of Property (COP)		
Spouses Full Names:		
Spouses ID Number:		
Residential Address:		

Full Name:		
ID Number:		
Residential Address:		
Home Tel:	Cell Number:	Work Tel:
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Full Name:		
ID Number:		
Residential Address:		
Home Tel:	Cell Number:	Work Tel:
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Spouses Full Names:		
Spouses ID Number:		
Residential Address:		

Full Name:		
ID Number:		
Residential Address:		
Home Tel:	Cell Number:	Work Tel:
Married:	Yes	No
If married ANC (with accrual) /Community of Property (COP)		
Spouses Full Names:		
Spouses ID Number:		
Residential Address:		

L. Contracts in Progress

		1	2	3	4
1.	Employer / Principal				
2.	Contract Description				
3.	Principal Agent / Engineer				
4.	Contract Value				
5.	Retentions Deducted				
6.	Value to Complete				
7.	Contract Period Start/ Completion				
8.	Details of Delays				
9.	Value of Outstanding Guarantee				
	Name of bank/Insurer				
	When due for Return				
10.	Estimated Profit/Loss				

M. Recently Completed Contracts

		1	2	3	4
1.	Date Completed				
	Employer/ Principal				
2.	Contract Description				
3.	Principal Agent/Engineer				
	Contact Name & Number				
4.	Final Contract Value				
5.	Location of Contract				
6.	Final Certificate Issued				
7.	Retention Monies O/S				
8.	Claims Outstanding				
9.	Penalties Imposed				
10.	Value of Guarantee				
	Name of bank/Insurer				
	When due for Return				
11.	Final Profit/Loss				