

SPECIFIC APPLICATION FORM (TRADE)

(Should a Guarantee be required for a Group related entity and the Facility holder is in agreement for the Guarantee to be issued from its facility, kindly complete sections A & B, else leave section B blank)

A. FACILITY HOLDER

Company name _____ Contact person _____
 Tel _____ Fax _____ Email address _____
 Physical address _____ Code _____
 Postal address _____ Code _____
 Company registration number _____
 VAT number _____

B. GUARANTEE ISSUES ON BEHALF OF GROUP (GROUP RELATED ENTITY DETAILS)

Company name _____ Contact person _____
 Tel _____ Fax _____ Email address _____
 Physical address _____ Code _____
 Postal address _____ Code _____
 Company registration number _____
 VAT number _____

C. BROKER

Company name _____ Contact person _____
 Tel _____ Fax _____ Email address _____
 Physical address _____ Code _____
 Postal address _____ Code _____
 VAT number _____ FSP number _____

D. CONTRACT DETAILS OF REQUESTED GUARANTEE

1. Guarantee value R _____
 2. Guarantee in favour of (Principal/Employer) _____
 3. Principal/Employer's address _____ Code _____
 4. Contact person _____ Tel _____
 5. Type of guarantee _____

GUARANTEE CANCELLATION

Please provide The Hollard Insurance Company Limited with the relevant certificate cancellation document as per the guarantee wording in order for the guarantee to be cancelled. Should the guarantee possess a fixed expiry date, the guarantee will be automatically cancelled on that date. The original guarantee without the relevant certificate cancellation document will not suffice for cancellation purposes, it remains the obligation of the client to provide The Hollard Insurance Company Limited timeously with all the relevant cancellation documents or else renewal premiums will be raised until such time as the relevant cancellation document is provided. No new guarantees will be issued until such time as the renewal/extension/outstanding premiums have been settled.

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 bond or surety may be issued.

PRIVACY

In order to provide you with insurance, we have to process your personal information. We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it. By signing this application for insurance, you agree to the processing and sharing of your personal information.

Signature

Name

Designation

Date

(being duly authorised to sign this document)