

Application For A Customs Bond

Notice:

This document is intended for existing clients of PCBS Construction & Customs Bond Services (Pty) Ltd who wish to apply for a new trade bond. Companies that are not clients of PCBS should use the Application for a Bond Facility form to apply for a bond facility.

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

Instructions:

1. Print this questionnaire,
2. Complete the questionnaire and email it back to PCBS.
 - a. Letter of Award/Appointment,
 - b. Guarantee wording requirements, if necessary.
 - c. A copy of the underlying contract **may** be requested by your Underwriter.

APPLICATION FOR A CUSTOMS BOND

APPLICANT

Registered name:			
Registration number:		VAT number:	
Postal address:			
		Postal code:	
Physical address:			
		Postal code:	
Telephone number:		Fax number:	
E-mail address:		Website:	
Contact person:		Cellphone number:	

Broker

Company name:			
Postal address:			
		Postal code:	
Telephone number:		Fax number:	
Contact person:		E-mail address:	

Customs and Excise Bonds – Details

Bond in favour of	
Port	

Bonds (Other) – Details

Type of bond	
Form number	
Value of bond	R

Bond in favour of:			
Address:			
		Postal code:	
Telephone number:		Fax number:	
Contact person:		E-mail address:	
Description of contract			
(exact words as they are to appear on the bond)			
Contract value	R		
Bond value	R		
Contract details			
Start date			
End date			
Type of bond	<input type="checkbox"/> Supply	<input type="checkbox"/> Payment	<input type="checkbox"/> Other (Specify)
Bond wording	<input type="checkbox"/> Attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?			

List of creditors: Please provide a list of your 5 biggest creditors

Institution/Creditor	Account number	Amount outstanding	Contact details

Financial Statements

Auditors/Accounting officer:			
Contact person:			
Telephone number:		Fax number:	
E-mail address:		Cellphone number:	

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 facts relevant to this application.

Signature

Date

Name
(Being duly authorised to sign this document)

Designation