

## Application For A Fuel Guarantee

### Notice:

This document is intended for companies requiring a bond facility with PCBS Construction & Customs Bonds Services (Pty) Limited.

The questionnaire should be completed and returned to us with the concern's most recent audited financial statements and the latest management accounts. The documents submitted will be assessed in line with the particular requirements and an indication given to whether we are able to assist and on what basis.

To avoid delays you are requested to complete the forms in full and submit the required financials as soon as possible.

### Instructions:

1. Print all pages of this questionnaire.
2. Complete the questionnaire and email it back to PCBS.
3. Attach the following documents:

|                  |  |
|------------------|--|
| Registered name: |  |
|------------------|--|

### Existing Retailers:

|     |   | Attached<br>(tick) |
|-----|---|--------------------|
| 1.  | Copy of valid Commercial Insurance policy   |                    |
| 2.  | Copy of most recent audited/reviewed financial statements and last 3 months' management accounts                              |                    |
| 3.  | Last 6 month's bank statements  |                    |
| 4.  | Copy of Overdraft Agreement (if any)  |                    |
| 5.  | Proof of past 12 months' fuel turnover (litres pumped)  |                    |
| 6.  | Monthly statement of accounts from Supplier(s) in future  |                    |
| 7.  | Terms and Conditions of the supply agreement – Copy of supply agreement   |                    |
| 8.  | Copy of DME license / DOE / Retail licence  |                    |
| 9.  | Written trade reference from oil company confirming that fuel account is in good standing                                     |                    |
| 10. | Valid Tax Clearance Certificate   |                    |
| 11. | Copy of CIPC Company Registration document  |                    |
| 12. | List of personal assets & liabilities for all listed directors/members  |                    |
| 13. | Proof of residential address (all listed directors/members)   |                    |
| 14. | Proof of business address   |                    |
| 15. | Copies of ID documents for each listed director/member and if married in Community of Property, copy of spouse's ID documents |                    |
| 16. | All business insurance schedules  |                    |
| 17. | Insurance related claims for the past 3 years   |                    |

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 Postnet Suite # 353, Private Bag X30500, Houghton, 2041 30 Rhodes Avenue, Parktown, 2193  
 Tel: 011 482-2592 Fax: 0866-414-420 or 011 482-6840 E-Mail: info@pcbs.co.za  
 Website: www.pcbs.co.za Reg. No: 2015/305081/07 FSP No: 47996

**New Retailers:**

|    |   | Attached<br>(tick) |
|----|---|--------------------|
| 1. | 3 month's projections   |                    |
| 2. | Business plan   |                    |
| 3. | Copy of CIPC Company Registration document  |                    |
| 4. | Copy of DME license / DOE / Retail licence  |                    |
| 5. | List of personal assets & liabilities for all listed directors/members  |                    |
| 6. | Proof of residential address (all listed directors/members)   |                    |
| 7. | Proof of business address   |                    |
| 8. | Copies of ID documents for each listed director/member and if married in Community of Property, copy of spouse's ID documents |                    |

Please submit the following:

1. Business plan and cash flow projections for a minimum period of 3 years,
2. Fuel company appointment letter
3. Previous retailer's financial statements (if not available, send literage sales for the past 12 months)
4. Details of funding structure (e.g. loans / equity invested / overdraft agreement)
5. Proof of finance available
6. Personal balance sheet of all shareholders/members/directors (assets and liabilities)
7. Copy of DOE/Retail license
8. Copy of Company Documents and Memo & articles of Association incl. CM22/CM29/CM1

**COMPANY QUESTIONNAIRE FOR FUEL GUARANTEE**

**1: Company/Business Details**

|                          |  |                     |              |
|--------------------------|--|---------------------|--------------|
| Registered name:         |  |                     |              |
| Site trading name:       |  |                     |              |
| Registration number:     |  | VAT number:         |              |
| Postal address:          |  |                     | Postal code: |
|                          |  |                     |              |
| Site Physical address:   |  |                     | Postal code: |
|                          |  |                     |              |
| Site Telephone number:   |  | Fax number:         |              |
| E-mail address:          |  | Website:            |              |
| Contact person:          |  | Cellphone number:   |              |
| Date business commenced: |  | Nature of business: |              |

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## 2: Broker

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

## 3: Shareholders / Members / Partners / Sole Trader

| Initial/s & Surname | ID Number/Company Registration Number | % Shares held | Married COP/ANC With/without accrual | Cheque account details |
|---------------------|---------------------------------------|---------------|--------------------------------------|------------------------|
|                     |                                       |               |                                      |                        |
|                     |                                       |               |                                      |                        |
|                     |                                       |               |                                      |                        |
|                     |                                       |               |                                      |                        |
|                     |                                       |               |                                      |                        |
|                     |                                       |               |                                      |                        |
|                     |                                       |               |                                      |                        |
|                     |                                       |               |                                      |                        |
|                     |                                       |               |                                      |                        |

Name of landlord:

Contact Person:

Telephone Number:

What is the average monthly rental amount payable:

#### 4: Subsidiary/Associated/Affiliated Companies

| Name | Registration number | % Shares held | Nature of business | Bond required? |
|------|---------------------|---------------|--------------------|----------------|
|      |                     |               |                    |                |
|      |                     |               |                    |                |
|      |                     |               |                    |                |
|      |                     |               |                    |                |
|      |                     |               |                    |                |
|      |                     |               |                    |                |
|      |                     |               |                    |                |
|      |                     |               |                    |                |
|      |                     |               |                    |                |

#### 5: Banking Details

|                         |                          |
|-------------------------|--------------------------|
| Bank:                   | Account number:          |
| Branch:                 | Period with bank:        |
| Cash balance:           | Investments:             |
| Overdraft facility:     | Overdraft used:          |
| How secured:            | Bank guarantee facility: |
| Guarantees outstanding: | Other banks:             |

#### 6: Key Personnel

Total number of employees \_\_\_\_\_ as at \_\_\_\_\_ (date)

| Name | Position | Period with company |
|------|----------|---------------------|
|      |          |                     |
|      |          |                     |
|      |          |                     |
|      |          |                     |
|      |          |                     |
|      |          |                     |
|      |          |                     |
|      |          |                     |

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Have any key personnel been a director/shareholder of a company which was liquidated or compromised with creditors? If so, please provide details:

|  |
|--|
|  |
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**7: Guarantee History**

|   |  |
|---|--|
| Who issued your bonds previously?   |  |
| Have any bonds issued on your behalf ever been called up? If so, provide details: |  |
|   |  |
| Have you applied to any other company for this bond or facility? If yes, to whom? |  |
| Have any applications ever been turned down? If yes, by whom and why?             |  |
|   |  |

**Please attach list of bonds presently operative.**

**8: Existing Guarantees**

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

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**9: New Guarantee Requirements**

|                               |      |  |     |  |
|-------------------------------|------|--|-----|--|
| Guarantee value               | R    |  |     |  |
| To replace existing:          | Yes: |  | No: |  |
| Addition to existing facility | Yes: |  | No: |  |

**10: Security**

|  |      |  |     |  |
|--|------|--|-----|--|
| Security/collateral offered:               |      |  |     |  |
| 1. Personal sureties - shareholders        | Yes: |  | No: |  |
| 2. Personal sureties - directors           | Yes: |  | No: |  |
| 3. Cession of loan accounts                | Yes: |  | No: |  |
| 4. Cession of book debts                   | Yes: |  | No: |  |
| 5. Cession or pledge of cash/fixed deposit | Yes: |  | No: |  |
| 6. Cession of life policies                | Yes: |  | No: |  |
| 7. Covering bond over property(ies)        | Yes: |  | No: |  |
| 8. Name of Fuel Company / Beneficiary      |      |  |     |  |
| 9. Effective date of Guarantee Required    |      |  |     |  |

**11:**
**Debtors information**

|  |   |               |  |     |  |
|--|---|---------------|--|-----|--|
| Has the concern's debtors been financed? |   | Yes:          |  | No: |  |
| If so, to what extent?                   | R | Financed by?  |  |     |  |
| Are the debtors insured?                 |   | Yes:          |  | No: |  |
| If so, to what extent?                   | R | Insured with? |  |     |  |

**12. Insurance Details:**

Do you have a Short-Term Insurance Policy in place for your business?      Yes  No

If yes, which Insurer?

### 13: Legal Action

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

|  |
|--|
|  |
|  |
|  |
|  |
|  |
|  |

### Section B: New Retailers

|   |  |
|---|--|
| Purchase price of the business:                                       |  |
| Purchase price of opening stock:                                      |  |
| Start up costs (excl. stock):   |  |
|   |  |
| Does the business have a loan?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, what is the value of the loan?                                |  |
| Does the business have an overdraft facility?                         | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, what is the value of the overdraft facility?                  |  |
| Own contribution into business:                                       |  |
| If other contributions, please specify                                |  |
|   |  |
| Is the shop a franchised shop?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please specify:   |  |
| (e.g. Sasol Delight/QuickShop/Shell Select/BP Express/FreshStop, etc. |  |
| Is the fast food a franchised outlet                                  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please specify:   |  |
| (e.g. Steers/Wimpy/Vide E Café/Bonjour, etc.)                         |  |
| Have you owned a service station before?                              | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please provide the name and brand of the site:                |  |
|   |  |

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**Section C:  
Existing Retailers**

|   |  |
|---|--|
| How long have you been the retailer at the site:                                |  |
| Do you have a lease with the fuel company?                                      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Period of lease?  |  |
| Commencement date of the lease?   |  |
| Do you have any debt outstanding to the fuel company (excl current deliveries)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, kindly submit latest account statement                                  |  |
| Is the shop a franchised shop?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please specify:   |  |
| (e.g. Sasol Delight/QuickShop/Shell Select/BP Express/FreshStop, etc.)          |  |
| Is the fast food a franchised outlet  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, please specify:   |  |
| (e.g. Steers/Wimpy/Vide E Café/Bonjour, etc.)                                   |  |

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## Section M: 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 we indemnify PCBS Construction & Customs Bonds Services (Pty) Limited and hereby bind myself/ourselves as follows:

1. To reimburse PCBS for all amounts which it is called upon to pay in respect of its bonds.
2. We nominate, constitute and appoint PCBS 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 retention or otherwise, whether such money became due before, at the time of or after my/our failure, default or breach of contract.
3. To reimburse PCBS for any legal or other costs and charges which may reasonably be incurred by them in consequence of the foregoing clauses or resulting from this application.
4. To pay PCBS 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.
5. To reimburse PCBS for any costs including valuation costs incurred in regard to guarantees provided or to be provided.

In terms of the new National Credit Act (NCA) and by signing this form we hereby give our continuous consent to PCBS to conduct credit checks as long as this facility will be in place. We note that our credit data will be part of the equation in assessing the guarantee application which could impact on the risk rating and ultimately affect the premium.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name  
(Being duly authorised to sign this document)

\_\_\_\_\_  
Designation

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