

APPLICATION FOR A CUSTOMS BOND

NOTICE:

This document is intended for existing clients of PCBS Construction & Customs Bonds Services (Pty) Ltd who wish to apply for a new trade bond. **Companies that are not clients of PCBS MUST complete both this application form and the Bond Facility Application Form for a Customs Bond Facility approval.**

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

INSTRUCTIONS:

Complete the application form and email it back to PCBS with the following:

- a. Beneficiary Request Letter/Instruction,
- b. Guarantee wording requirements, i.e. Beneficiary Proforma Wording template e.g. SARS CB09, SARS CB03, etc.
- c. Latest Statement Payment History

IMPORTANT: POPI (PROTECTION OF PERSONAL INFORMATION)

The above information collected is for the purposes of underwriting and may be made available to other associated parties, Insurers and reinsurers, appointed Quantity Surveyor and our attorneys for the signing of security documents. The applicant consents to the transfer of such information as required by the associated parties including those reinsurers who are situated outside the Republic of South Africa for use in connection with the guarantee facility and any related reinsurance contract.

APPLICANT

Registered name:			
Facility number:			
Address:			Postal code:
Registration number:		VAT number:	
Contact name:		Telephone number:	
E-mail address:		Mobile number:	

BROKER

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

EXISTING BONDS

Name of bank / insurance company	Facility	Bond outstanding	Rate charged

How secured?

PLEASE ATTACH LIST OF BONDS PRESENTLY OPERATIVE.

NEW REQUEST

Bond in favour of:			
Address:			Postal code: <input type="text"/>
Telephone number:		Fax number:	
Contact person:		E-mail address:	
Start date			
End date	(12 months from start date and Annually Renewable)		
Date bond required			

LIST OF CREDITORS: PLEASE PROVIDE A LIST OF YOUR 5 BIGGEST CREDITORS

Institution/Creditor	Account number	Amount outstanding	Contact details

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. We consent to the sharing of this information for the purpose of our approval

Signature_____
Date_____
Name
(Being duly authorised to sign this document)_____
Designation