COURT BOND
PROPOSAL FORM

Please Note

1. Please answer **ALL** questions in full. If there is insufficient spaces on the form please continue on the company letterhead.
2. The latest audited Financial Statements / Annual Report / Interim Report **MUST** be attached.
3. This form may be used for new applications or new renewals. In the case of renewals the underwriters **MUST** receive a completed, signed and dated proposal form, financials/reports and acceptance of renewal terms prior to renewal date, failing which, no cover exists after said date.
4. It is the intention of underwriters that any Contract of Insurance with the Proposer shall be based upon the information provided in this Proposal Form as well as any attachments included. If a quotation is offered it will be the intention of the underwriters to offer cover **ONLY** in respect of the entities named under Particulars of Proposer.

NB: (No insurance is in force until the Proposal has been accepted by the Company and the premium paid, except as provided by an official Covering Note issued by the Company)

If MUKFIN agrees to issue a court bond, all of the information, which the company provides, will become part of and shall form the basis of any bond issued to the Company by Mukoma Financial Services.

1. PROPOSER'S DETAILS

Name Of Proposer
Principal Address

Postal Address

Contact Person
Phone Number
Fax Number
Cell Number
E-Mail Address
Website
Type Of Organisation
VAT Number
Date Established
Principal Activities

2. BROKER INFORMATION

Company Name
Contact Person
Email Address
Telephone/Cell Phone No.
FSP No.

3. LEGAL ACTION

Please note details of any legal action, summons, judgements, liquidation/sequestration orders or offer of compromise against the company, its holdings, subsidiaries or associated companies.

4. SHAREHOLDERS/MEMBERS/PARTNERS

(Note: if more than six parties, please supply separate schedule)

Names	% Shares Held	ID Number	Married
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No
			☐Yes ☐No

Have any of the key personnel been a director/shareholder of a company which was liquidated or compromised with creditors?
If yes, please provide details: ☐Yes ☐No

5. DETAILS OF EXISTING BOND FACILITIES

Name of Insurance Company/Bank ....
Facility ....
Guarantees (O/S) ....

Please provide a separate list if you have facilities with more than one insurance company.

6. FACILITY REQUIRED

7. ESTATES HANDLED

7.1) Were you ever relieved of any appointment?   ☐Yes ☐No

If yes, please provide details:
………………………………………………………………………….

7.2) Did the Master of the High Court ever deny you remuneration while having an appointment with him?   ☐Yes ☐No

If yes, please state reason:
………………………………………………………………………….

7.3) Has the Master appointed you to the Panel of Liquidators? (Please supply proof of appointment)   ☐Yes ☐No

7.4) Has any other insurance company turned down your facility?   ☐Yes ☐No

If yes, please state reason:
………………………………………………………………………….

8. REFERENCE DETAILS

Name of Reference	Relationship	Telephone

9. DOCUMENTATION TO ACCOMPANY THE APPLICATION

Document	Tick
1. Comprehensive Curriculum Vitae of Liquidator & Certified Copy of ID	
2. Certified Copies of Tertiary Qualification/s	
3. Liquidator's Assets and Liabilities Statements	
4. Copy of Policy Schedule of Professional Indemnity Policy, Fidelity Guarantee Cover and Misappropriation of Trust Funds Cover	

DECLARATION

I/We declare that the above statements are true and complete.

At the present time, other than as stated above, I / We have no reason to anticipate any claim being brought against me/s that would constitute a claim under the insurance now being renewed or applied for.

I / We declare that in the event of this being a renewal of a policy, there have been no material alterations to the risk as submitted to the underwriter originally, and if a new application that all material facts have been disclosed.

I/We agree that this declaration shall form, together with the proposal form, the basis of the contract between me/us and the Insurers, and that I/We are properly authorised to sign this declaration.

Full name:

Capacity:

Signature:

Date: