

CUSTOMS 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 customs 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.

SECTION A: COMPANY DETAILS

1. Information about your company

a Registered company name

b Trading name:

c Company registration number:

d VAT number:

e Nature of business:

f Date established:

g Titles, first names and surnames of directors, members, partners, proprietor:

h Title, first name and surname of managing director:

i Title, first name and surname of financial director:

j Postal address:

Postal code:

k Physical address:

l Telephone number:

Fax number:

m E-mail address:

n Name and designation of contact person in respect of this application

2. Shareholder information

- a Holding company: _____
- b Percentage held by holding company: _____
- c Ultimate holding company: _____
- d Percentage held by ultimate holding company: _____
- e Subsidiary companies:

Company name	% held	Company name	% held
	%		%
	%		%
	%		%
	%		%
	%		%

- f Associated companies:

Company name	% held	Company name	% held
	%		%
	%		%
	%		%
	%		%
	%		%

3. Financial information

a Auditors

Auditor's name: _____

Physical address: _____

Contact person: _____

b Bankers

Branch: _____

Account number: _____

Number of years with the bank: _____

c Lending facilities

Value of lending facilities: _____

Secured by: _____

Are debtors factored?: _____

If yes, by whom?: _____

4. Bond History

- a Name of current guarantor: _____
- b Value of bonds currently issued on your behalf: _____



c Have any bonds been called up? Yes ☐ No ☐

If yes, by whom?: _____

Were any previous applications declined? Yes ☐ No ☐

If yes, by whom?: _____

5. Information about the facility required

a Facility amount: _____

b Does this replace or is it in addition to your current facility?: _____

6. Documentation required

Please provide an original or certified copy of the following:

- | | | |
|---|---|-------------------------------|
| a | Memorandum and articles of association | <input type="checkbox"/> Done |
| b | Certificate of incorporation | <input type="checkbox"/> Done |
| c | Certificate to commence business | <input type="checkbox"/> Done |
| d | Latest audited financial statements | <input type="checkbox"/> Done |
| e | List of bonds in issue and beneficiary name | <input type="checkbox"/> Done |

DECLARATION

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

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: