



2 Cobden Court
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THE GUARANTEE AND SURETY SPECIALISTS
Enquiry Form

Tel: 0208 295 2666
Fax: 0208 295 2665

COMPANY DETAILS

Company Name: _____

Nature of Business: _____ Date of Incorporation: _____

Trading Address: _____

Registered Address: _____

Registration Number: _____

Type of business: Partnership: Sole Trader: Registered Company:

Number of Directors: _____ Number of Shareholders: _____ Number of employees: _____

Contact Person: _____ Position: _____

Tel: _____ Fax: _____ Mobile: _____ Email: _____

All Parent / Associate Company details to be shown: _____

Approx Amount of Bonds Required per Annum: _____ Bond Type: _____

CONTRACT AND BOND DETAILS

Acceptor / Beneficiary: _____ Person to Contact: _____

Address: _____

Name of Project: _____

Has the contract been won? Y N Has the contract been signed? Y N

Type of Work to be Undertaken: _____

Length of Contract: _____ Contract Start Date: _____

Contract Value: _____ Bond Value (%): _____

Date Bond Required: _____ Release Date / Condition: _____
(Practical Completion / Certificate of Making Good Defects)

Other Relevant Information: _____

How did you hear about us? _____

In addition to our completed Enquiry Form, we also required a copy of the Applicants latest Company Balance sheet and a copy of the Bond Wording (if available).
NB: An incomplete application may cause a delay!