



SHARJAH INSURANCE COMPANY

Head Office, Post Box No. 792, Sharjah, United Arab Emirates

Tel: +971 6 568 6690, 568 3833, Fax: +971 6 568 6545

Dubai Office Tel: 04-3979796 Fax No: 04-3979704

Abu Dhabi Office Tel: 02-6774200 Fax No: 02-6772770

Web site: www.shjins.ae E-mail: sico@emirates.net.ae

PERFORMANCE BOND APPLICATION FORM

Details of Applicant (Private & Confidential)

1. Name and Address of Applicant Company:

Telephone No.: _____ Fax No.: _____
Contact Person: _____ Position: _____
Date Established: _____

2. Name and Address of Parent Company (if applicable):

3. Details of Surrounding Properties:

Name	Address	Responsibilities
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Bank Details

i. Name and Address of Bankers _____
ii. Maximum Overdraft Facilities Available _____
iii. Security Against Facilities _____
iv. Current Usage of Facilities _____
v. Deposit Account _____
vi. Details of other loans/mortgages/funding facilities, etc... _____

5. Have you ever defaulted on a contract? Yes No

6. Has any claim ever been made on any Bond issued on your behalf? Yes No

7. Has any Director/Partner ever been made bankrupt or been a Director/Partner of any Company to which a liquidator or receiver has been appointed? Yes No

8. Have you applied elsewhere in respect of this application? Yes No

9. If you have answered "YES" to any questions from 5 - 8, please attached full details

10. Please give examples of major contracts/developments recently undertaken:

11. Please provide details of your Insurances

Class	Insurance Company	Renewal Date	Limit
Employers Liability	_____	—	_____
Public Liability	_____	—	_____
Contractors All Risk	_____	—	_____
Credit Insurance	_____	—	_____

12. Please supply audited accounts for the past three years. If the Applicant is a subsidiary company, audited accounts of the parent company should also be supplied

I/We hereby authorize Sharjah Insurance, Co. to make inquiries on our behalf and I/We hereby declare that the statements made and particulars given herein are true and that I/We have not concealed any material fact or circumstance that should be communicated to the Sureties:

Signed:

Date:

(Authorized Signatory)
Name & Title

—