

Please answer all questions fully. Details provided will be used in the bond wording. By submitting this information, you provide consent to the contents within, and any subsequent supporting information being shared with our Partners for the purposes of reviewing the bond request.

Section 1

Full name of Applicant: _____

Address: _____	Person to contact: Name: _____
_____	Position: _____
_____	Phone: _____
Email: _____	Mobile: _____

Section 2

Type of bond required:

 Deferred Duty Tax Warehouse Other
Section 3: Bond Details
DEFERRED DUTY BOND:

Revenue Identification No.: _____ Guarantee Amount: _____

Largest amount of deferred duty in the last 12 months: _____

 Do you have seasonal peaks? If yes, please state over what period:

 Do you have an existing guarantee? If yes, please provide details including any security held by the current Guarantor:

Please confirm below how much duty you deferred in each of the last 12 months:

Month / Year	Duty Deferred	Month / Year	Duty Deferred



TAX WAREHOUSE BOND:

Please confirm details of the premises which the bond relates to:

Warehouse Bond Amount: _____ Start Date: _____

Do you have an existing guarantee? If yes, please provide details including any security held by the current Guarantor:

Section 4

Has the firm, any member thereof or any related company:

- | | |
|---|--------|
| (a) been bankrupt, in receivership or liquidation? | Yes/No |
| (b) had a judgement registered against them? | Yes/No |
| (c) had a claim made against a bond issued on its behalf? | Yes/No |
| (d) any unresolved or pending legal actions? | Yes/No |
| (e) had any trade accounts been closed for non-compliance with terms? | Yes/No |
| (f) arrears of more than three months in payment of PAYE/pension deductions | Yes/No |
| (g) arrears of more than two months in payments to Sub Contractors? | Yes/No |
| (h) has any Insurance Company or Bank declined to act as Surety on your behalf? | Yes/No |

If the answer to any of the above questions is YES, please give details below:

Section 5

Please provide the following:

Full copies of Audited Accounts covering the last 2 years (and if applicant is a member of a Group, the latest Consolidated Audited Group Accounts of the ultimate parent company).

Copy of the most recent set of Management Accounts available.



Have there been any material events or changes since the publication of the latest audited accounts Yes / No

If the answer is yes please give details below:

Name and address of accountants: _____

Person to contact: _____ Phone: _____

I declare that the above statements and particulars are true and that to the best of my knowledge I have not withheld any information which could materially affect this application. I authorise Advent Risk Management Limited to contact any source to obtain any information it may require in considering this application and understand that the Advent Risk Management Limited reserves the right to decline this application without giving reasons. I have read and accept the Privacy Statement of Advent Risk Management Ltd, which is displayed in full on their website www.adventrisk.ie

Signed: _____

Title/Position: _____

Date: _____

