

Guarantee Application Form



If you'd like to discuss any aspects of this form, please contact Nathan Evers at nathanevers@ateance.com or +44 8456 586618

APPLICANT COMPANY DETAILS

| | | | |
|---|----------------------|------------------------------------|----------------------|
| Full name of Applicant: | <input type="text"/> | | |
| Correspondence Address: | <input type="text"/> | | |
| | <input type="text"/> | Postcode: | <input type="text"/> |
| Registered Address: | <input type="text"/> | | |
| | <input type="text"/> | Postcode: | <input type="text"/> |
| Company Number: | <input type="text"/> | Date Established/ Incorporated: | <input type="text"/> |
| Contact Name: | <input type="text"/> | | |
| Telephone No: | <input type="text"/> | | |
| If Part of Group, please give details of ultimate Parent and Structure: | <input type="text"/> | | |
| Director/Partner details: | <input type="text"/> | | |
| Full name of Applicant: | <input type="text"/> | | |
| Correspondence Address: | <input type="text"/> | | |
| | <input type="text"/> | Postcode: | <input type="text"/> |
| Full name of Applicant: | <input type="text"/> | | |
| Correspondence Address: | <input type="text"/> | | |
| | <input type="text"/> | Postcode: | <input type="text"/> |
| Full name of Applicant: | <input type="text"/> | | |
| Correspondence Address: | <input type="text"/> | | |
| | <input type="text"/> | Postcode: | <input type="text"/> |
| Full name of Applicant: | <input type="text"/> | | |
| Correspondence Address: | <input type="text"/> | | |
| | <input type="text"/> | Postcode: | <input type="text"/> |

GUARANTEE/BOND REQUIRED

1. Type of Bond (Please supply wording with completed form)

| | |
|----------------------|------------------------|
| Amount of Bond: | £ <input type="text"/> |
| Beneficiary of Bond: | <input type="text"/> |
| | <input type="text"/> |
| Commencement Date: | <input type="text"/> |

2. Type of Bond (Please supply wording with completed form)

| | |
|----------------------|------------------------|
| Amount of Bond: | £ <input type="text"/> |
| Beneficiary of Bond: | <input type="text"/> |
| | <input type="text"/> |
| Commencement Date: | <input type="text"/> |

3. Type of Bond (Please supply wording with completed form)

| | |
|----------------------|------------------------|
| Amount of Bond: | £ <input type="text"/> |
| Beneficiary of Bond: | <input type="text"/> |
| | <input type="text"/> |
| Commencement Date: | <input type="text"/> |

IMPORTANT:

Please provide the following when returning this form:

- Last audited accounts and Management accounts
- Proposed Bond wording if available

DECLARATION

I declare that the above statement 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 ATEANCE Limited to contact any source to obtain any information that may be required and understand ATEANCE Limited reserve the right to decline this application without giving reason.

Signature

Print name

Title/Position

Date