



GENERAL COMPANY INFORMATION

PLEASE ANSWER ALL QUESTIONS FULLY

		Full name of Applicant:					
	Postal Address:		Person to Contact:				
		Name:					
			Position:				
		Phone I	Phone Number: Facsimile Number: Email Address:				
	Registered Office:	Facsimi					
		Email A					
		Registra	_				
	Immediate Holding Company:	•					
	Ultimate Holding Company:						
	Business of Applicant: (attach brod						
	Approximate number of permanen						
3	Approximate number of permanen Directors/Partners:	t employees:					
	Approximate number of permanen	t employees:					
	Approximate number of permanen Directors/Partners:	t employees:		% Shareholding			
	Approximate number of permanen Directors/Partners:	t employees:		% Shareholding			
	Approximate number of permanen Directors/Partners: Full name and personal address	t employees:		% Shareholding			
	Approximate number of permanen Directors/Partners: Full name and personal address	t employees:		% Shareholding /Partnership			
	Approximate number of permanen Directors/Partners: Full name and personal address	t employees:		% Shareholding /Partnership			
	Approximate number of permanen Directors/Partners: Full name and personal address	t employees:		% Shareholding /Partnership			
	Approximate number of permanen Directors/Partners: Full name and personal address	t employees:		% Shareholding /Partnership			
3	Approximate number of permanen Directors/Partners: Full name and personal address	Qualifications	Age	% Shareholding /Partnership			

Name:			%			
Please detail changes in the past year:						
Bankers:	(1)	(2)	(3)			
Name:						
Address:						
radioss.	•••••					
Person to contact:						
Present facility limits:						
Overdraft						
Term Loan						
Guarantees						
Present current account balances:						
Present current account balances: How Secured:						
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7	Please enclose last two years Audited Accounts and latest Management Accounts of your firm, the Ultimate Holding Company and of all connected firms owned by the same shareholders.					
	Has there been a change of	financial year end since	e last audited	accounts?		Yes / No
	If so, please state new date	and why:				
8	Please answer the followin	g by stating whether the	Applicant:			
	Ever had its accounts quali	fied by its auditors				Yes / No
	Is engaged or involved in a which may cause it to requ					Yes / No
	Has made known or wheth of the Company or any alte					Yes / No
	If the answer to any of the above questions is YES please give details below					
9	Previous Arrangements: V	Vith whom have your p	evious Bonds	s been arranged:		
	Surety	Total Value of Bonds Issued £	No.	Current Value of Bonds still in force £	No.	

10	Has the applicant or any Director or Senior Manager thereof either personally or in coany other firm:	onnection with this or			
(a)	ever failed to complete a contract?	Yes/No			
(b)	ever had a judgement debt registered?	Yes/No			
(c)	ever been bankrupt or in receivership or in liquidation or in administration?	Yes/No			
(d)	are there any unresolved or pending legal actions or other disputes in existence?	Yes/No			
(e)	have any trade accounts been closed for non-compliance with terms?	Yes/No			
(f)	are there any arrears of more than three months in payment of PAYE/NIC/deductions				
	in payments to Sub Contractors?	Yes/No			
(g)	has any Insurance Company or Bank declined to act as Surety on your behalf?	Yes/No			
If the ar	nswer to any of the above questions is YES please give details below:				
11	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 Alternative Insurance Brokers to contact any source to obtain any information it may require and understand that Alternative Insurance Brokers reserve the right to decline this application without giving a reason.				
	Signed: Title/Position:	Date:			