

**TRAVEL AGENT DEFAULT BOND APPLICATION**

NEW BOND APPLICATION PROPOSAL       RENEWAL PROPOSAL      (Tick appropriate box)

**TRADING NAME OF TRAVEL AGENT:**

Address:

Contact Person re Application:

Tel:

Fax:

Email Address:

**DETAILS OF TRAVEL AGENT: (PIs use Operating Financial Year)**

IATA Agent Number		Registration Number	
Number of BSP Tickets sold last year		Number of BSP projected	
Value of BSP sales last year		Value of BSP sales projected	

Legal Name of Travel Agent:

Full Name & Address of Director(s) / Partner(s) / Owner(s):

**DETAILS OF BOND REQUIRED:**

Value of Bond Required:

Commencement Date:

**Please include the following information with your application**

- Latest set of Financial Accounts: Management Accounts and Balance Sheet to date (audited preferably)
- Financial Projections for next operating year

**TRAVEL AGENTS OPERATIONAL DECLARATION:**

Has there been, or is there likely to be, any change in the financial situation or capital structure of your organisation, not reflected in the financial statements attached?

If Yes, please advise full details:

Yes	No
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Are there any material facts or circumstances which could affect your organisations ability to meet all it's debts as and when they fall due?

If Yes, please advise full details:

Yes	No
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**CLAIM DETAILS:**

Have any claims been made against other insurers, who have provided you with this type of cover, or similar? Yes / No

If Yes, please advise full details

**DECLARATION:**

**I the undersigned, after enquiry, declare as follows:**

- I am authorised to make this declaration.
- I acknowledge the information provided on this proposal is true, factual and correct & authorise inquiries by CBL for the purpose of approving this application, including TAANZ Bonding Authority.
- I acknowledge that, until a bond is issued, I am still under an obligation to immediately advise any change in the particulars or statements contained in this declaration.
- I acknowledge that this information is required by Contractors Bonding Limited, (which will be retained by Contractors Bonding Limited), in order to decide whether to accept this proposal. I also understand that the Privacy Act 1993, entitles me to have access to and request the correction of this information.
- Although the signing of the declaration does not bind the Applicants to effect a Bond, the Applicants acknowledge that the particulars and statements contained in this proposal shall be the basis of the contract should a Default Bond be issued, and further the Applicants acknowledge that this proposal and declaration will be incorporated into the policy.

\_\_\_\_\_  
Name of Principal or Director

\_\_\_\_\_  
Signature of Principal or Director

\_\_\_\_\_  
Date

PERSONAL INFORMATION:	
Full Name:	Date of Birth:
Occupation:	Business Ph: Home Ph:
Full Address:	

FINANCIAL INFORMATION:			
<b>LIABILITIES</b>			<b>ASSETS</b>
Overdraft (Name of Lender):	Limit \$	Amount Owing \$	Owner's estimated market value \$
Interest accrued	Due Date / /	\$	<b>Cash on Hand</b>
Rates/Rents	Due Date / /	\$	Accounts (Bank, Credit Union etc)
<b>Mortgages/Secured Home Loans</b>			\$
1.Name of Lender:	Repay Amount: \$	\$	\$
Security provided/address:			<b>Share Portfolio:</b>
2.Name of Lender:	Repay Amount: \$	\$	Stock
Security provided/address:			No. of Shares @ \$
<b>Unsecured Loans/Personal Loans</b>			\$
1.Name of Lender:	Repay Amount: \$	\$	Stock
2.Name of Lender:	Repay Amount: \$	\$	@ \$
<b>Lease/Hire Purchase</b>			<b>Real Estate:</b>
1.Name of Lender:	Repay Amount: \$	\$	1.Address
Asset Purchased:			Purchase Price \$
2.Name of Lender:	Repay Amount: \$	\$	Purchase Date / /
Asset Purchased:			\$
<b>Credit/Store Cards</b> (include even if balance is nil)			2.Address
Card Type	Issuer	Card Limit \$	Purchase Price \$
		\$	Purchase Date / /
		\$	\$
		\$	3.Address
		\$	Purchase Price \$
		\$	Purchase Date / /
		\$	\$
<b>TOTAL LIABILITIES</b>		\$	<b>Motor Vehicles</b>
		\$	(Insurer:)
<b>Contingent Liabilities</b> (eg Personal guarantors)		\$	Make & Model
		\$	Year of Manf
		\$	\$
		\$	Make & Model
		\$	Year of Manf
		\$	\$
		\$	<b>Other Assets</b>
		\$	\$
		\$	\$
		\$	<b>Life Policies</b>
		\$	(Insurer:)
		\$	Sum Insured: \$
		\$	Annual Prem \$
		\$	Surrender Value \$
		\$	\$
		\$	\$
		\$	<b>TOTAL ASSETS</b>
		\$	\$
		\$	<b>Superannuation</b> (Est current payout)
		\$	Fund Manager:
		\$	\$
		\$	<b>Furniture &amp; Household Effects</b>
		\$	(Insurer:)
		\$	\$

**DECLARATION:**

I, the undersigned, after enquiry declare as follows:

- a) I am authorised to make this declaration.
- b) I acknowledge the information provided on this proposal is true, factual and correct and authorise inquiries by CBL for the purpose of approving this application.

Signed & Dated by Applicant / / 20\_\_

Signed & Dated by Joint Applicant / / 20\_\_

Send this completed application form together with any relevant documentation to:  
 Contractors Bonding Ltd, Tower One, The Shortland Centre, 51 Shortland St, P O Box 3772, Auckland.  
 Phone 09 303 4770, Fax 09 300 5046