

RENTAL GUARANTEE BOND APPLICATION

1. APPLICANT	
Applicant:	Phone:
Address:	Fax:
	E-mail:

2. RENTAL PROPERTY ADDRESS		
Rental Property Address: <i>(please attach Agreement to Lease)</i>		
Construction of Building:	Approximate age of premises: _____ yrs	
Type of area: Commercial/Industrial/Retail/Mixed/Other	Area size:	No. of car parks:
Lease Term:	Annual Rental:	Review frequency:

3. LANDLORD	
Landlord:	Phone:
Address:	Fax:
E-mail:	

4. LEASEE	
Leasee:	Established since:
Address:	

5. LEASEE PRINCIPALS	
Leasee Principals:	
Name:	Address:
Name:	Address:
Name:	Address:
COVER REQUIRED: 12 months / 24 months (delete one) _____	

Annual rental:
Covered Outgoings:
Total Annual Cover required:

IMPORTANT NOTICE - As required under the Privacy Act 1993, the following is brought to your attention:

- As part of the evaluation of this Bond, we need to collect certain information about you contained in this form and from further inquiries we may make.
- The intended recipient of this information is Contractors Bonding Ltd, its subsidiaries, divisions, agents or assigns, which will collect it and hold it.
- The collection of this information is required pursuant to your Bond.
- You have certain rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

SIGNED:	
Full Name:	Date:

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.

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

FINANCIAL INFORMATION:			
LIABILITIES			ASSETS
Overdraft (Name of Lender):	Limit \$	Amount Owing \$	Owner's estimated market value \$
Interest accrued	Due Date / /	\$	Cash on Hand
Rates/Rents	Due Date / /	\$	Accounts (Bank, Credit Union etc)
Mortgages/Secured Home Loans			\$
1.Name of Lender:	Repay Amount: \$	\$	\$
Security provided/address:			Share Portfolio:
2.Name of Lender:	Repay Amount: \$	\$	Stock
Security provided/address:			No. of Shares @ \$
Unsecured Loans/Personal Loans			Stock
1.Name of Lender:	Repay Amount: \$	\$	@ \$
2.Name of Lender:	Repay Amount: \$	\$	Real Estate:
Lease/Hire Purchase			1.Address
1.Name of Lender:	Repay Amount: \$	\$	Purchase Price \$
Asset Purchased:			Purchase Date / /
2.Name of Lender:	Repay Amount: \$	\$	\$
Asset Purchased:			2.Address
Credit/Store Cards (include even if balance is nil)			Purchase Price \$
Card Type	Issuer	Card Limit \$	Purchase Date / /
		\$	\$
		\$	\$
		\$	\$
TOTAL LIABILITIES			\$
Contingent Liabilities (eg Personal guarantors)			

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