contractors BONDING

GUARANTEE PROGRAM FOR PARTICIPANTS IN THE TRAVEL COMPENSATION FUND - AUSTRALIA
REGISTRATION FORM

I / We make application to participate in the above scheme managed and underwritten by Contractors Bonding Limited (Insurer)

DETAILS OF APPLICANT

TCF Participant Name (Full Legal Entity):		
Trading Name (if different from Agent Name):		
TCF File Number:	ACN No:	ABN No
Participant Address		
Tel:	Fax:	Email:

DECLARATION

Estimated annual sales: AU $	Total amount of cover required by TCF: AU $

☐ *We are currently covered under another TCF scheme to the value of AU$_____ (this is in addition to that cover)*

☐ *We are NOT currently covered under the CBL TCF scheme (this is a request for a NEW cover)*

☐ *We are currently covered under the CBL TCF scheme in the amount of AU$ _____*

We now require our **TOTAL COVER** to TCF to be in the cover of AU$ _____

Requested **COMMENCEMENT DATE** for guarantee cover: _____ (enter date)

I, _____ **(print full name)** being a Director / Partner / Shareholder / Sole Trader* of:
(*delete as appropriate)
_____ the APPLICANT hereby declare that:

a) I have no reason to doubt that the Applicant will be able to comply with its obligations.
b) Neither the Applicant, nor any Director or Officer of the Applicant has been the subject of any claim on the TCF, nor have I been a Director or Officer of any other current or former TCF Participant that has been the subject of any claim on the TCF
c) To the best of my knowledge, information and belief and after due careful enquiry, the information contained herein is correct.
d) I am not aware of any circumstances, which I have not disclosed to you which might influence you and/or your principals' acceptance of the risk.
e) In the event of you issuing the guarantee applied for the Applicant will, during the period of your liability upon your request, immediately make available to you and allow you to examine or take copies of any accounts or other documents in its possession relating to its own, and any Holding and/or Subsidiary Company's financial affairs.
f) I am duly authorised by the Applicant to complete this form on its behalf and to make this declaration on its behalf.

TO THE INSURER

The Applicant and I hereby both irrevocably jointly and severally agree to indemnify you against all actions, proceedings, claims and demands which may be brought against you or your principals and all payments, liabilities, losses, damages, costs and expenses of whatsoever nature which you may suffer, incur or sustain where such is caused by or arises from or relates to any guarantee or indemnity in favour of TCF in relation to any liability of the Applicant to TCF for whatever reason. The TCF Office is hereby authorised to provide the Guarantor / Insurer or representatives upon request and on a confidential basis such information relating to the Applicant's TCF assessing file as may be required by the Guarantor from time to time in connection with this application.

SIGNED BY THE APPLICANT

Signed:

Dated:

SIGNED BY THE DIRECTOR/SHAREHOLDER/PARTNER/SOLE TRADER

Signed:

Dated:

(This must be signed by BOTH the Applicant/Trader AND the Director / Partner / Shareholder / Sole Trader)

THE APPLICATION PROCESS

- Complete, sign and return form to Contractors Bonding Ltd (CBL), New Zealand – Fax (+64) 9 300 5046
- CBL will email you a Tax Invoice / Quotation showing the Guarantee fee amount due and payment instructions
- Upon verification of payment, CBL will confirm cover - to you & TCF
- For further assistance, pls contact**: gsiemsen@contractorsbonding.com** call **TollFree 1800 617 457**