

## SURETY BOND APPLICATION FORM

### CLIENT DETAILS

Contractor Name	_____		
ABN	_____	ACN	_____
Business Address	_____		
State	_____	Postcode	_____
Website	_____		
Contact Name	_____		
Title	_____		
Telephone	_____	Email	_____

### PRINCIPAL / BENEFICIARY DETAILS

Principal / Beneficiary	_____		
ABN	_____	ACN	_____
Business Address	_____		
State	_____	Postcode	_____
Name of Representative	_____		
Project Manager	_____		
Telephone	_____	Email	_____

### SURETY BOND/S REQUIRED

Bond Type	Amount	Date (inclusive)	
		From:	To:

### CONTRACT DETAILS

Contract description and details to be included in the Bond

Location of Contract	_____		
Legal Jurisdiction	_____		
State	_____	Postcode	_____

Contract Dates:	Commencement _____	Practical Completion _____	
	Final Completion _____		

Total value of the Contract	_____
Percentage of the Contract value to be Bonded	_____
Contract Name and Contract Number	_____
Form of Contract (e.g. AS4000, AS4902, NZIA, NZS3910, Other)	_____

**Please attach a copy of any specific wording required**

Percentage of total work to be sub-contracted?

Has the Client previously undertaken work for the Principal / Beneficiary?

Yes  No

Has the Client previously undertaken a contract of this type?

Yes  No

Are there any unusual or onerous terms & conditions in the contract?

Yes  No

If Yes, please provide detail

## ADDITIONAL INFORMATION REQUIRED

A COPY OF THE CONTRACT, GENERAL CONDITIONS OF THE CONTRACT (INCLUDING ANNEXURE PART A, PART B) LETTER OF ACCEPTANCE OR OTHER RELEVANT DOCUMENTATION

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## DECLARATION

The undersigned hereby declares that the information and details provided herein are full and true answers and that it is understood the information will be used for the evaluation of this submission by the Surety. Further, the undersigned confirms that he/she is duly authorised to sign this questionnaire for and on behalf of the Client. The undersigned consents to the use of and the disclosure of personal information in accordance with The Bond & Credit Company privacy policy.

Authorised Signatory \_\_\_\_\_  
Name \_\_\_\_\_

Date \_\_\_\_\_  
Title \_\_\_\_\_

If required by organisation:

Authorised Signatory \_\_\_\_\_  
Name \_\_\_\_\_

Date \_\_\_\_\_  
Title \_\_\_\_\_