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APPLICATION FOR A CONSTRUCTION GUARANTEE **SPECIFIC PROJECT**

COMPANY / BUSINESS DETAILS

Registered company name			
Registration Number			
Contact person's name			
Facility Number			
VAT Number			
Postal Address			
Physical Address			
E-mail address			
Telephone number		Fax number	
Cell Number			

Project Details			
Contract Number			
Description of location of contract: (Please give exact wording as it must appear on guarantee)			

Initial Here

SHARING THE LIGHT TO GROW OTHERS

CONTRACT DETAILS

Guarantee in favour of			
Address			
Consulting Architect / Engineer			
Contact number		Fax Number	
E-mail Address			

Quantity Surveyor			
Contact number		Fax Number	
E-mail Address			

Principal Agent			
Contact number		Fax Number	
E-mail Address			

Is this contract a joint venture? Yes No

If yes, are the partners jointly & severally liable? Yes No

Contract Value (Incl VAT)			
% of value to be subcontracted			
Guarantee Value:			
Will subcontractors give guarantee?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Contract Dates:

Start		Complete	
Fixed / Variable Cover:			

Is maintenance to be covered by the guarantee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Maintenance period:

Please note that if you have selected that the maintenance period should not be covered by the guarantee, the guarantee will expire at practical completion and not at final completion.

Should the employer require that the guarantee expires at final completion then additional premium will be charged to cover the maintenance period.

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Maintenance Dates:

Start		Complete	
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Type of guarantee
(Please Tick)

Performance

Retention

Other (specify)

Guarantee Wording:	
Conditions of Contract:	

DECLARATION

I / We accept that should we wish to return the guarantee after it has been issued all refunds will be paid back less the commission and fees paid to the broker

I / We hereby declare that I / we understand the contents of the proposal form and that all the details and information furnished in this application, to the best of my knowledge, fairly represent the true state of affairs of the company / business and I / we authorise the verification of any aspect of this application. I / we have not concealed any material facts relevant to this application.

Signature

Date

Name

Designation

Initial Here

CONTRACTOR:

DETAILS OF ALL CONTRACTS ON HAND AT PRESENT WHETHER BONDED OR NOT
(INCLUDING CONTRACTS WHICH HAVE BEEN AWARDED BUT HAVE NOT YET COMMENCED)

Contract Description and Name of Employer	Guarantee (Yes / No)	Contract Sum Insured (Including Variations)	Value of Work Completed	Balance to be Completed	Date Work Started	Anticipated Completion Date	Anticipated Gross Margin %

Expected Profits

Gross:

Nett:

Contract Description and Name of Employer:

Signed: _____

Date: _____

Title / Capacity: _____