

FACILITY APPLICATION FORM

Full completion of this **Facility Application Form** and the **Statement of Assets and Liabilities** (if applicable) is required.

Please ensure that all relevant sections of the **Facility Application Form** have been completed and supporting documentation listed below attached.

SUPPORTING DOCUMENTATION

REQUIRED INFORMATION

ATTACHED

Last three years of audited financial statements for the Principal Company, both consolidated as well as each respective individual entity, including interim latest management accounts	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Most recent cash flow projections and budgets	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Company ownership, management and corporate structure details (Ownership and organisation chart)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Work in progress schedule including details of any problematic or loss making contracts	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Schedule of work previously completed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Corporate brochures and accreditations	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Schedule of current Bank Guarantees /Surety Bonds	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Details of Trust Structure (if applicable)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Statement of Assets and Liabilities of the shareholder/s of the business (if applicable)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

PRINCIPAL COMPANY DETAILS

Company Name	_____	
ABN	_____	ACN _____
Business Address	_____	
State	_____	Suburb _____
Contact Name	_____	
Title	_____	
Telephone	_____	Email _____
Website	_____	
Place of incorporation / establishment	_____	Commencement Date _____
Location of operations	_____	
Industry sector	_____	
Description of operations / key activities	_____	

KEY PERSONNEL

Name	Shareholding (%)	Position	Length of Service	Keyman Cover?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

attach a separate sheet if required

DETAILS OF CURRENT BANK AND OTHER NON-BANK FACILITIES

Provide details of all current Facilities including **Sureties** (*attach a separate sheet if required*)

Financial Institution	Facility Type	Approved Limit	Amount Drawn	Expiry

How are the above Facilities secured? (*attach a separate sheet if required*)

Outline any financial / non-financial covenants, cross collateralisation or restrictions (*attach a separate sheet if required*)

SURETY FACILITY REQUIREMENTS

Facility amount required _____ Currency _____
 Maximum bond size _____ Maximum bond term _____
 Location of bonded Projects _____

Please list Indemnifiers or security being offered (*attach a separate sheet if required*)

- _____
- _____
- _____
- _____
- _____
- _____

CLAIMS HISTORY

Have there been any claims, attempted claims or potential claims against the Principal Company and/or related entities including shareholders, directors or associated entities? If yes provide details

FINANCIAL MANAGEMENT AND CONTROLS

Name of Accounting Firm _____
 Contact Name _____
 Title _____
 Telephone _____ Email _____
 Does the Principal Company employ an Accountant internally? Yes No

Name of Legal Firm _____
 Contact Name _____
 Title _____
 Telephone _____ Email _____
 Does the Principal Company employ a Lawyer internally? Yes No

MANAGEMENT REPORTS

	Availability / Frequency
Management Accounts	_____
Cash Flow Statements / Projections	_____
Status Reports on Projects / Workflows	_____
Is there board involvement / review of the above mentioned	<input type="checkbox"/> Yes <input type="checkbox"/> No

LITIGATION AND DISPUTES

Is the Principal Company, its parent, controlled or associated entities (if part of a larger group) up to date with respect to its statutory obligations (e.g. Employee Superannuation, Payroll Tax, Bas etc.)? Yes No

Are others disputing any work, which the Principal Company, its parent, controlled or associated entities failed to do? Yes No

Has the Principal Company, its parent, controlled or associated entities, directors or officers had any judgment awarded against them? Yes No

Has the Principal Company, its parent, controlled or associated entities, directors or officers entered into any compromise or scheme of arrangement with its creditors including the ATO)? Yes No

Have the directors or shareholders of the Company ever been involved in a business that failed or caused a loss to a Financial Institution including a Surety? Yes No

Has the Principal Company, its parent, controlled or associated entities, directors, officers filed for bankruptcy or liquidation, or had a Receiver appointed? Yes No

Are there any outstanding or pending judgments, law suits or claims against the Principal Company, its parent, controlled or associated entities, directors or officers? Yes No

Has any industrial action been initiated against the Principal Company, its parent, controlled or associated entities, in the last five years? Yes Yes

Please attach full details of the incident/s and/or case/s and comment on actual or expected outcome, if you answer "Yes" to any of the questions.

INSURANCES

What following cover applies? Professional			Level of Indemnity
Indemnity	Yes	No	_____
Directors and Officer's Cover	Yes	No	_____
Error and Omission / Design Liability	Yes	No	_____
Cover General Liability Insurance	Yes	No	_____
Other _____	Yes	No	_____
_____	Yes	No	_____

Please provide certificates of currency if applicable

BROKER DETAILS AND AUTHORITY TO ACT

Details of Broker representing the Principal Company in this transaction

Company Name	_____		
ABN	_____	ACN	_____
Business Address	_____		Suburb _____
State	_____	Postcode	_____
Contact Name	_____		
Title	_____		
Telephone	_____	Email	_____

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 Principal Company. The undersigned consents to the use of and the disclosure of personal information in accordance with The Bond & Credit Company privacy policy.

Authorised Signatory	_____	Date	_____
Name	_____	Title	_____

Authorised Signatory (if required)

Authorised Signatory	_____	Date	_____
Name	_____	Title	_____