



- For new Applicants, please complete this Corporate Questionnaire (Form A)
- If a Client Folder has already been established, please only complete the Specific Bond Application (Form B)

IMPORTANT – Please ensure that all relevant sections of the application are completed and supporting documentation attached prior to returning. In addition, when completing the application please respond with a TICK when answering YES/NO questions. Phone us if you require clarification or assistance.

CORPORATE QUESTIONNAIRE

Applicant Details

Company Name Business or Company Number (ACN / ABN)

Registered Address

Contact Name Title/Position Postcode

Email Mobile Telephone

Years in Operation Business Type Is your company part of a Larger Group? (If yes, please provide full details)

Does the Company act in a Trustee capacity? (If yes, please provide full details)

Nature of Business (Please provide a brief description of your business and industry)

Management Reports

Management accounts: Monthly Quarterly Half Yearly Annually
Cash flow statements: Monthly Quarterly Half Yearly Annually
Project status reports: Monthly Quarterly Half Yearly Annually
Are the above reports reviewed at the Board Level? Yes No N/A

Corporate Debt and Liabilities

Principal Bankers Branch

Period with the Bank (years / months)

Facility Required – complete either section (a) or (b)

(a) Is a *Facility required? Yes No Facility amount requested (\$)
**approved on a case by case basis*

(b) Specific Bond application only Yes No
 If Yes, [a] Amount of this bond (\$) Type of bond required:
 [b] Amount of this bond (\$) Type of bond required:
 [c] Amount of this bond (\$) Type of bond required:

Bank Facilities – Please provide details of the following

Bank Facilities	Established Limit (AUD)	Total Drawn	Expiry Date (dd/mm/yy)	Not Applicable
Bank Guarantee	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Letter of credit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Overdraft	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Short Term Loans	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Commercial Bills	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Leasing Finance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Long Term Finance	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Other, specify below	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

How are the above facilities secured? (Attach a separate sheet if insufficient space)

Outstanding Surety Bonds and Guarantees – Please complete details of any outstanding Surety Bonds

(a) **No**, we do not have Outstanding Surety Bonds and / or Guarantees

(b) **Yes**, the following are the details:-

*Issued by	Approved Facility (\$)	Current Balance Outstanding (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>

**if insufficient space, please attach a listing*

Have any claims or attempted claims been made against any Bonds / Guarantees issued to the company / group of companies, or do circumstances exist that could lead to a claim against bonds / guarantees issued? Yes No

Have there ever been claims on any other Bonds or Guarantees issued on behalf of any entities associated With the Directors or Principals of the Applicant? Yes No
 If "Yes" to either of the question above, please provide details below.

Insurances

Does the company carry the following insurance cover?

Limit of Indemnity (Value \$)

Professional Indemnity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>
Directors and Officers Cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>
Errors and Omission / Design Liability Cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>
General Liability Insurance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>
Others <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input type="text"/>

Other Non-Bank Facilities – Do you have any of the following

	Value Utilised (\$)	Expiry Date	Details
Hire Purchase	<input type="text"/>	<input type="text"/>	<input type="text"/>
Operating Leases	<input type="text"/>	<input type="text"/>	<input type="text"/>
Finance Leases	<input type="text"/>	<input type="text"/>	<input type="text"/>
Others, please specify below	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>			

Any Contingent Liabilities (Indemnities, Guarantees etc currently in force) not covered above?

Issued By	In Favour of	Amount of Exposure (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

(Attach separate sheet if insufficient space)

Key Personnel

List details of Directors and key personnel below. (Attach separate sheet if insufficient space)

Date of Birth	Name and Title (Company)	Shareholding & Length of Service	Key Man Insurance in place	
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Industrial Relations

Has any industrial action been initiated against the Applicant in the last five years?

Yes No

If Yes, please provide details. (Attach separate sheet if insufficient space)

Litigation and Disputes

- Has the Applicant, its parent controlled or associated companies, Directors and officers filed for bankruptcy or had a receiver appointed? Yes No
- Has the Applicant entered into any compromise or scheme of arrangement with its creditors? Yes No
- Has the Applicant, its parent controlled or associated companies, Directors and officers had any judgment awarded against them? Yes No
- Has the company, its parent controlled or associated companies, Directors and officers or owners entered into Litigation proceedings over a dispute? Yes No

PLEASE NOTE: If answered "Yes" to any of the above questions, please provide full details of the incident and/or case and comment on actual or expected outcome. (Attach separate sheet if insufficient space)

Declaration

I, the undersigned, hereby declare as follows:

1. I have the authority to complete and enter into this application on behalf of the Applicant;
2. That the information and details provided in this application are complete and correct;
3. That I acknowledge and accept the information provided in this application will be used by Bonded Global Australia Pty Limited (and its associates), to assess whether the Applicant meets the criteria to provide it with a Bond(s) as requested;
4. That the Applicant acknowledges and agrees that the application fee payable to Bonded Global Australia Pty Limited is non-refundable, whether the Application is successful or not.

USE OF INFORMATION (PRIVACY ACT 1993)

1. The Applicant (including its associates, directors, and shareholders) and Bonded Global Australia Pty Limited agree that any information provided to Bonded Global Australia Pty Limited by the Applicant or by any third party and any information which may arise through subsequent dealings between the Applicant and Bonded Global Australia Pty Limited, may be used by Bonded Global Australia Pty Limited and disclosed to third parties for the purpose of:
 - a. Assessing the Applicant's creditworthiness; and
 - b. Processing the Applicant's Bond Application
2. The Applicant authorises:
 - a. Any third party to provide information to Bonded Global Australia Pty Limited for any of the above purposes
 - b. Bonded Global Australia Pty Limited to collect and hold personal information from any source it considers appropriate to be used solely for any of the above purposes
3. The Applicant understands that it has a right of access and may request correction of any personal information held by Bonded Global Australia Pty Limited about the Applicant

The undersigned hereby declares that the information and details provided herein are full and true answers and that it is understood the information provided will be used for the evaluation of this submission by Bonded Global Australia Pty Limited. Further, the undersigned confirms that he / she is duly authorized to sign this questionnaire for and on behalf of the applicant.

Authorised Signatory

Name

Title / Designation

Date: [\[Select Date\]](#)