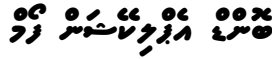




BOND APPLICATION FORM



Type of Bond Required:

Performance Guarantee	Advance Payment Guarantee	Retention Guarantee	Bid Security
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Applicant Details:

Applicant's Name: _____

Address: _____ Reg No.

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Contact Person: _____ Phone No: _____

Email: _____ Fax: _____

List the five largest contracts completed by you in the last three years (Attach Reference Letters): (Not applicable for Bid Securities)

Owner	Kind of work and Location	Name, Phone Number, and Fax Number of person ro Contact	Approximate Contract Price	Year Completed

Are You:

Main Contractor	Managing Contractor	Nominated Sub Contractor
Supplier	Works Contractor	Domestic Sub Contractor

We confirm that there are no major events/issues which we foresee that may adversely affect our financial standing, operation of business and the assets of the Company during the term of the applied bond. We assure that if such an event/issue transpires we will inform you without delay

Yes | No

If no, please provide details (if additional space is required, fill in a separate sheet and attach the document with this application form):

Beneficiary Details:

Name: _____ Phone No: _____

Address: _____

Contract Details:

Title of Contract:			
Location of Work:			
Description of Work:			
Contract Price:		Currency:	
Bond Amount:		Currency:	
<i>*Note: If maintenance period is required for bond, include that period within the period of bond required</i>			
Period of Bond Required:	From:	To:	No. of Days:
<i>*Fill below for bonds excluding Bid Securities</i>			
Period of Project:	From:	To:	No. of Days:
Maintenance Period (if applicable):	From:	To:	No. of Days:

Other Information (where applicable):

Name & Address of Architect/Engineer/Consultant:			
Is there a retention for maintenance?	Yes	No	If Yes, What Percent?
Are increased costs reimbursed?			
Have you previously had contracts with the beneficiary?			
Do you own all plant & equipment required to complete contract?			

Declaration: I undersigned, after enquiry, declare as follows: (a) I am authorized to make this declaration. (b) I acknowledge the information provided on this proposal is true, factual and correct & authorize inquiries by Allied Insurance Company of the Maldives for the purpose of approving this application. (c) I acknowledge that, until a bond is issued, I am still under an obligation to immediately advise any change in the particulars or statements contained in this declaration. (d) I acknowledge that this information is required by Allied Insurance Company of the Maldives, (which will be retained by Allied Insurance), in order to decide whether to accept this proposal. I also understand that the Privacy Act 1993, entitles me to have access to and request the correction of this information. (e) Although the signing of the declaration does not bind the Applicants to effect a Bond, the Applicants acknowledge that the particulars and statements contained in this proposal shall be basis of the contract should a Bond be issued, and further the Applicants acknowledge that this proposal and declaration will be incorporated into the policy.

Signature:

Date:

Documents required:

Company Profile
 Board of Directors Details (Name, National ID No/Passport No, Designation)
 Share Holders Details (Name, National ID No/Passport No)
Note: If the above details are not mentioned in the current company profile, provide them separately

Last 03 years audited financial report with audit opinion included
 (if the company is new, the most recent report/bank statement) – (Not applicable for Bid Securities)

Agreement (Not applicable for Bid Securities)

THIS INSURANCE WILL NOT BE IN FORCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY

(Acceptance of Proposal means Insurance policy issued and premium collected.)