



FIRST ASSURANCE COMPANY LIMITED

Head Office: Peugeot House, Office No.2, Ground Floor, Upanga Road, P.O Box 5799, Dar es salaam, Tanzania.

Tel: (+255) 022 2122130/1, Cell: 0767 818101/838343; 0788549292, 0783543939

Email: enquiries@firstassurance.co.tz Website: www.firstassurance.co.tz

PROPOSAL FORM For Bonds

1. Name of Proposer
2. Postal Address.....
3. Physical Address
.....
4. Telephone No. Fax
- Email.....
5. Period in Operation
.....
6. Amount of Guarantee Required.....
7. Directors/Shareholders/Partners

Surname	First Name	% Shareholding

8. The Business

(a) What type of contracts/businesses are undertaken and approximate proportions of total turnover?

Type	Proportion

- b) Annual Turnover - Last 3 years

20.....	Tshs.....
20.....	Tshs.....
20.....	Tshs.....
- Estimate next 12 months

Tshs.....



FIRST ASSURANCE COMPANY LIMITED

Head Office: Peugeot House, Office No.2, Ground Floor, Upanga Road, P.O Box 5799, Dar es salaam, Tanzania.

Tel: (+255) 022 2122130/1, **Cell:** 0767 818101/838343; 0788549292, 0783543939

Email: enquiries@firstassurance.co.tz **Website:** www.firstassurance.co.tz

9) Guarantee History

- (a) Who has issued guarantees for you previously
- (b) Total Amount of guarantees outstanding
- (c) What collateral security has been provided
- (d) Has any application for guarantee been turned down? Yes/No
- If so, by whom?
- (e) Has any guarantee issued to you been called up? Yes/No
- If yes, supply details
- (f) Commitment with other financial institutions? Yes/No
- If yes name
- Outstanding amounts

10) Future Guarantees

- (a) Estimated Annual Requirements
- (b) What Collateral security can be offered (if required)
- (c) Are Directors/Shareholders/Partners prepared to sign a personal counter indemnity? Yes/No



FIRST ASSURANCE COMPANY LIMITED

Head Office: Peugeot House, Office No.2, Ground Floor, Upanga Road, P.O Box 5799, Dar es salaam, Tanzania.

Tel: (+255) 022 2122130/1, **Cell:** 0767 818101/838343; 0788549292, 0783543939

Email: enquiries@firstassurance.co.tz **Website:** www.firstassurance.co.tz

(d) Please provide Name and Address of your Attorneys.

.....

.....

(e) Name and Address of your Bankers

.....

.

.....

(f) Name and Address of your Accountants/Auditors

.....

...

.....

Declaration

I/We declare that the statement and particulars given herein and herewith are true and that I/we have not concealed any material fact or circumstance that ought to be communicated to the guarantor and that this application, if accepted, will form the basis upon which any guarantee may be issued.

Date.....

Signature.....

Designation.....

*** Please ensure the following supporting documents are attached to this Form:**

- Three years audited financial statements
- CVs of the key personnel
- Certificate of Incorporation - Company Profile.
- Application letter detailing the request.
- Company profile
- Tax clearance
- Completed counter indemnities.
- Collaterals in place