

Address: 17 Valley Road, Cnr Main Road, Boedeaux, Randburg, SOUTH AFRICA  
Telephone: +27 (0)11 789 6878 | (0)87 004 2273, Fax: +27 (0)86 550 7242,  
Email: info@hopecare.co.za | sales@hopecare.co.za,  
Website: www.hopecare.co.za

### A. CLIENT

Company Name:	
Contact Person:	
Tel:	
Fax:	
Physical Address:	
Company Registration Number:	

### B. BROKER

Company Name:	
Contact Person:	
Tel:	
Fax:	
Physical Address:	

### C. CONTRACT DETAILS OF REQUESTED GUARANTEE

1.	Guarantee Value:							
2.	Contract Dates:	Construction	Start		Completion:			
		Maintenance:	Y	N	To be covered by guarantee?	Y	N	
3.	Guarantee in favour of (Principal/Employer)							
4.	Principal/Employer's Address:							
5.	Consulting Architect/Engineer/QS:							
6.	Contact Person:		Tel No (W)			Cell No		
7.	Description of Contract (as it is to appear on the guarantee):							
8.	Location of Contract:							
9.	Contract Value:		(i)	Percentage of value to be subcontracted?:				
			(ii)	Are subcontractors required to provide a guarantee?:			Y	N
10.	Type of guarantee: (Performance, Retentio, Reducing Value, Advance Payment or other - (Please specify):							
11.	Guarantee Wording:	Attached:				Not specified:		
12.	Other Tenders submitted from:	(i)	Name:			Price:		
		(ii)	Name:			Price:		
13.	Date by which Guarantee is required:							
14.	Expected Profit % on this Contract:	Gross:			%	Gross:		
15.	Additional documentation to accompany this application:							
	- Letter of Award							
	- Pro-Forma Guarantee Wording as per the Tender Document							
	- Summarised Scope of Contract Works as per the Tender Document							
	- Summary page of the Totals of Bill of Quantities showing price breakdown of final contract price							
	- Facing Page of Tender Document							

## DECLARATION:

I hereby declare that 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 authorise the verification of any aspect of this application. I have not concealed any material fact relevant to this application and this questionnaire will form the basis upon which any guarantee, surety or bond may be issued.

DATE:

SIGNATURE:

NAME:

DESIGNATION:

(being duly authorised to sign this document)