

TRAVEL BOND APPLICATION FORM

1. Full Registered name of Applicant:

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2. Trading names, if different from 1 above:

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3. Address of Applicant:

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Telephone: Facsimile No:

4. Date of Incorporation:

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5. Registration Number:

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6. Name of Holding Company or Parent Company, if applicable:

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7. Names of all Subsidiaries:

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8. Type of Bond required:

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9. Amount of Bond:

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10. Commencement date of Bond:

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11. Percentage of Business:

(A) Wholesale (B) Retail

12. Name of Person to Contact:

13. Director/Partners/Shareholders:

Name:	Years in Travel	Age	% of Shares
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.			
.			
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14. Present Bank Balance:

TOUR OPERATORS:

1. Programme next 12 months:

Main Destination	% Turnover Pax.	% Nov. - April	% May - October
A			
B			
C			
D			
E			
F			

2. New Destinations next 12 months:

A
B
C
D
E
F

3. (i) Projected Turnover:

(ii) Break-even Load Factor:

4. Percentage of programmes fully committed:

- A. Accommodation
- B. Transport

5. Percentage of sales:

- A. Through Agents
- B. Direct Sell
- C. Repeat & Recommendations

6. Percentage of Product:

- A. Flight only
- B. Fully Inclusive
- C. Coach
- D. Self Drive
- E. Other (please specify)
- F. Scheduled Flying: Charter Flying:

7. Currency - Percentage of sales contracted in foreign currencies:

- A.
- B.
- C.
- D.
- E.
- F.

8. Rate of exchange for costing holidays:

Amount forward purchased:

- | | |
|------------|------------|
| A. | A. |
| B. | B. |
| C. | C. |
| D. | D. |
| E. | E. |
| F. | F. |

9. Maximum amount paid in advance at any given time during next 12 months.

- A. Accommodation
- B. Flights
- C. Other Transport
- D. Other - please specify

10. Surcharge policy adopted for next 12 months.

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11. Do you operate under any Deed of Undertaking with Airlines?

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If so please list major carriers.

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DECLARATION BY APPLICANT

Please answer the following by stating whether the Applicant:

- 1. Has been in business for at least three years and during such period has remained under the same ownership? Yes/No.
- 2. Is it a successful and viable concern and has made profits before exceptional and extraordinary items and before taxation in each of the past three financial years? Yes/No.
- 3. Has the accounts audited regularly and promptly? Yes/No.
- 4. Has had its accounts qualified by its auditors? Yes/No.
- 5. Has adequate financial resources to honour all existing obligations and commitments? Yes/No.
- 6. Has ever had a claim on a guarantee or bond issued on its behalf? Yes/No.
- 7. Has any unresolved or pending legal or other disputes in existence? Yes/No.
- 8. Is engaged or involved in any situation which is likely to result in its insolvency or which may cause it to request any postponement of obligations to any party? Yes/No.
- 9. Has to the best of your knowledge any directors, shareholders or senior executive who has been a controlling shareholder, director or senior executive of company which has been subject of a liquidation, receivership or winding up order and whether any of these individuals have been the subject of bankruptcy proceedings? Yes/No

- 10. Has made known, or whether you are aware of any plans for any change of the present ownership of the company, or any alteration in its business, or the disposal of any of its fixed assets? Yes/No.
- 11. Has had an application declined by any party to issue the required guarantee or any guarantee bond or indemnity? Yes/No.
- 12. If your answer to a any of the above is marked * please provide details on a separate sheet.

We are not aware of any circumstances which we have not disclosed to you which might influence your acceptances of the risk.

In the event of you issuing a guarantee we will during the period of your liability upon your request immediately make available to you and allow you to examine and to make copies of any accounts or other documents in our possession relating to the financial affairs of the Applicant and any subsidiary/associated company of the Applicant.

I DECLARE THAT THE ABOVE STATEMENT AND PARTICULARS ARE TRUE AND THAT TO THE BEST OF MY KNOWLEDGE I HAVE NOT WITHHELD ANY INFORMATION WHICH COULD MATERIALLY AFFECT THIS APPLICATION. I AUTHORISE THE OBLIGOR OR THEIR REPRESENTATIVES TO CONTACT ANY SOURCE TO OBTAIN ANY INFORMATION IT MAY REQUIRE AND UNDERSTAND THAT THE OBLIGOR RESERVES THE RIGHT TO DECLINE THIS APPLICATION WITHOUT GIVING A REASON.

Signed	Title/Position	Date
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AGENTS STAMP

BANK POSITION FORM

PLEASE SIGN THIS LETTER OF AUTHORITY AND SEND IT TO YOUR BANK

Bank:

Address:

For the Attention of:

Account Name(s):

I/We hereby authorise the Bank to complete this form giving details of our banking arrangements, facilities and balances and request that the completed form be forwarded to Ashbourne Tilley (Special Risks) Limited, 24 Alie Street, London E1 8DE.

Signed by the Client: For and on behalf of:

1. What is the present balance of the following accounts:

- (a) Current Account(s): £ (b) Deposit Account(s) £
- (c) Term Loan Account(s) £ (d) Undischarged Bonds £
- (e) Other Accounts/Contingencies (please specify): £

2. What are the authorised limits in respect of:

- (a) Overdraft £ (b) Loan Account £
- (c) Bonds £ (d) Other Accounts £

When is the next review date:

Has the Bank granted all the facilities applied for in the last three years? Yes/No.

3. Please detail security held by the Bank against the facilities listed in Section 2 above:

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4. What was the turnover i.e. total Bank lodgements for:

(a) Last calendar year: £ (b) Current year to date: £

5. Total interest payable/receivable:

(a) Last calendar year. Debit - £ Credit - £

(b) Current year to date: Debit - £ Credit - £

6. What were the maximum and minimum monthly balances of the current account for the last twelve months?

Please indicate clearly whether the balances are debit or credit. Where client operates more than one account please append separate details on each account.

Period: From

To

Month	Max	Min	Month	Max	Min
1	7	.....	.....
2	8	.....	.....
3	9	.....	.....
4	10	.....	.....
5	11	.....	.....
6	12	.....	.....

(Note: Month 1 is the most recent month).

7. Please give your opinion regarding the suitability of your Clients for a Bond to be issued

for the sum of £ for a period of

Signed:

Bank Stamp:

Authorised Bank Official

Date: