



BOND INSURANCE APPLICATION FORM

**EXPORT CREDIT INSURANCE CORPORATION
OF SOUTH AFRICA LIMITED**

**APPLICATION FORM FOR
BOND INSURANCE COVER**

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INSURANCE APPLICATION FORM

DocuSigned by:

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29/3/2022



BOND INSURANCE COVER APPLICATION FORM

1. APPLICANT INFORMATION			
Details of Financial Institution:			
Name of Company:			
VAT Number:			
Registration Number:			
Physical Address: (<i>Street, City, Province, Country</i>)			
Postal Address:		Website:	
Contact Person:			
Telephone:			
Email:			
2. DETAILS OF EXPORTER			
Name of Company:			
Vat Number:			
Registration Number:			
Year Business Commenced:			
Physical Address: (<i>Street, City, Province, Country</i>)			
Postal Address:			
Contact Person:			
Telephone:		Email:	
3. ACTIVITIES:			
3.1. Shareholders			
Full name of entity	Registration number	% shares held	Nature of business
3.2 Subsidiary/ Associated companies			
Full name of entity	Registration number	% shares held	Nature of business



BOND INSURANCE COVER APPLICATION FORM

3.3 Details of any legal action, summons, liquidation orders against the company, its holdings and subsidiaries			
3.4 Personnel			
Total permanent employees			
Name of key personnel	Position	Period with company	

Please attach CVs of key personnel detailing their experience

- Contracts in progress**

Please attach your schedule of contracts in progress (preferably in the following format)

- | | |
|-------------------------------|---------------------------------------|
| • Client/Principal | • Value/Percentage to complete |
| • Contract description | • Delays/extensions |
| • Location | • Guarantee provided (value) |
| • Contract value | • Name of bank/insurer |
| • Start date | • Date due for return |
| • Completion date | |

- Contracts executed over the past 3 years**

Please attach your schedule of contracts executed – minimum 5 (preferably in the following format)

- | | |
|-------------------------------|--|
| • Client/Principal | • Value of penalties imposed (if any) |
| • Contract description | • Delays/extensions |
| • Location | • Guarantee provided (value) |
| • Contract value | • Name of bank/insurer |
| • Date completed | |

- Have any guarantees issued on your behalf ever been called up? *(If yes, please provide details)*

- Type of Insurance Cover Required**

Type of Bond	Amount	Currency
Bid		
Performance		
Advance Payment		
Retention		
Reclamation		



BOND INSURANCE COVER APPLICATION FORM

- Details of Beneficiary**

Name of Company: _____

Country: _____

Activities: _____

Physical Address: _____

(If yes, please provide details) _____

4. DETAILS OF THE BENEFICIARY

Name of Company	
Country	
Business activities of the Company/ Beneficiary	
Physical Address of the Company/Beneficiary	
Has the Exporter undertaken previous contracts for this client? <i>(If yes, please provide details)</i>	

4. CONTRACT DETAILS (PPROPOSED PROJECT)

Full Description of Contract:	
Location of Contract:	



BOND INSURANCE COVER APPLICATION FORM

Tenor: (indicate period for which cover is requested in months/years):				
Contract Dates:	Start:		Completion:	
Percentage of work contracted, if any:				
Post Completion Maintenance (latent defects) Period:				
Will there be retentions held on completion?				

5. Additional Information Required (to be attached)

- Last three years signed audited financial statements (*Holding Company and Applicant Company*)
- Company/group shareholding structure
- Detailed company profile
- Supply Contract Agreement (*relevant information relating to the transaction e.g. RFP*)
- Signed or final draft of Term Sheet
- Details of Security to be provided, if any
- Copies of Insurance policies currently in place for business operations.

**BOND INSURANCE COVER APPLICATION FORM****6. ANTI-BRIBERY****6.1`Exporter's Undertaking/Declaration**

Exporter: _____
(Full legal names and registration number)

Undertaking against bribery

We confirm that neither we nor anyone acting on our behalf, such as employees or agents, have been engaged or will be engaged in acts of bribery of foreign public officials or have committed or will commit bribery in connection with the export contract forming part of this application.

Declaration of bribery charges or convictions

Is the exporter or anyone acting on their behalf in connection with the transaction charged or convicted in a national court or equivalent national administrative measures for the violation of laws against bribery or bribery of foreign public officials of any country (including South Africa) within a five-year period preceding the application?

YES ☐ ☐

Internal Control System

We have noted ECIC's initiative to encourage us to develop, apply and document internal management control systems to detect, prevent and combat bribery in international business transactions within our organizations.



BOND INSURANCE COVER APPLICATION FORM

Consequences of Bribery

We take notice that in terms of the *Prevention and Combating of Corrupt Activities Act 2004* (Act No. 12 of 2004) bribery of foreign public officials in international business transactions is crime in South Africa and contravention thereto is punishable with a fine and imprisonment including life sentence.¹

We also take notice that ECIC has the right to refuse to provide export credit support in connection with this application if:

- (i) the exporter, and where applicable, the applicant, is listed on the publicly available debarment list of one of the following international financial institutions: World Bank Group, the African Development Bank, the Asian Development Bank, the European Bank for Reconstruction and Development, and the Inter-American Development Bank; or
- (ii) the exporter, and where applicable, the applicant, is under charge or has been convicted in a national court or equivalent national administrative measures for the violation of laws against bribery of foreign public officials of any country within a five-year period preceding the application; or
- (iii) credible evidence of bribery is found in connection with the award or execution of the export contract

¹ Section 26 Chapter 5: Penalties and Related Matters in the Prevention and Combating of Corrupt Activities Act 2004 (Act No. 12 of 2004)

**BOND INSURANCE COVER APPLICATION FORM****7. UNDERTAKING/DECLARATION BY THE APPLICANT**

We confirm that we have no knowledge of materially adverse information or knowledge of any default by the Exporter of its performance and/or of its payment obligations under any trade transaction with the applicant.

Signed at _____ this _____ day of _____ 20____

Authorized Signature

Name and Surname (In Block Letters)



BOND INSURANCE COVER APPLICATION FORM

ANNEXURE A

1. Validity Period for Offer of Cover

The Offer of Cover will be valid for six (6) months and that period shall commence from the date of issue of the Offer of Cover. Any extension for the validity period of Offer of Cover that has elapsed will be presented to the ECIC Committees.



BOND INSURANCE COVER APPLICATION FORM

ANNEXURE B

IMPORTANT – PLEASE READ CAREFULLY

As a short-term insurance policyholder or prospective policyholder, you have the right to the following information:

1. GENERAL INFORMATION OF THE PROVIDER

Registered Name: Export Credit Insurance Corporation of South Africa SOC Limited

Abbreviated Name: ECIC

Registration Number: 2001/013128/30

VAT Number: 4170197125

FSB License Number: 30656

FSB License Category: Short Term Insurance, Commercial Lines: Financial Advisory Services

E-mail: (www.info@ecic.co.za)

Website: www.ecic.co.za

Telephone: +27124713800

Fax: +2712 471 3850/51

Physical Address: 349 Witch Hazel Ave, Highveld Ext 79, Centurion

Postal Address: P O Box 7075, Centurion, 0046

Any changes to the above information will be communicated to you in writing

2. COMPLIANCE DEPARTMENT OF THE PROVIDER

Senior Compliance Officer : Sealetsa Simangele

Telephone: + 27 12 471 3821

Fax: + 27 471 3850/51

Email: Ssealetsa@ecic.co.za

Delivered to our offices addressed to: "The Compliance Officer"

3. OTHER MATTERS OF IMPORTANCE

- ECIC issues policies on its own behalf with the government as the ultimate insurer;
- ECIC must give written reasons for repudiating your claim;
- ECIC is obliged to notify you directly of the cancellation of your insurance contract; and
- All ECIC representatives have a letter of appointment verifying that the ECIC accepts responsibility for activities performed within the scope of, or in the course of their mandated duties.

4. THE FAIS OMBUDSMAN

If any complaint made to the intermediary or insurer is not resolved to your satisfaction, you may submit your complaint to the FAIS Ombudsman who can be reached at:

Postal Address: PO BOX 74571, Lynnwood Ridge, 0040

Email: info@faisombud.co.za

Website: www.faisombud.co.za

Telephone: +27 12 762 5000 / +27 12 470 9080

Fax: +27 12 348 3447

5. THE SHORT TERM INSURANCE OMBUDSMAN

If any complaint or claims made to the intermediary or insurer is not resolved to your satisfaction, you may submit your complaint to the Short Term Insurance Ombudsman who can be reached at:

Postal Address: P O Box 32334, Braamfontein, 2017

E-mail: info@osti.co.za

Website: www.insuranceombudsman.co.za

Telephone: + 27 11 726 8900

Fax: + 27 11 726 5501