

Statewide Insurance Company Ltd.



Head Office: Sure House
Plot 1 Bombo Road | P.O. Box 9393 Kampala
Tel: +256 414 345 996, +256 312 262 119
Email: swico@swico.co.ug, Website: www.swico.co.ug

CUSTOMS BOND PROPOSAL FORM

GUIDELINES TO FILL THE FORM (Information given herein will be treated in strict confidence)

1. Please fill the form in BLOCK LETTERS and leave on box blank between two words.
2. Please answer all the questions completely. If a particular question is not applicable to you and/or your business please mark that question as not applicable "N/A".
3. Please attach extra sheets wherever the space is insufficient to provide the additional underwriting information. Put a (v) mark wherever applicable.
4. 'You/Your' wherever used in this proposal means the "Proposer" considered for this insurance.
5. Kindly contact the Company's Office or Agent for any doubts or clarifications on the proposal form.

Note: The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid.

1. Full title of principal	
2. Postal address	
3. Physical address	
4. Telephone contact	
5. How long established	
6. Mobile number	
7. Email address	

Names of directors, their addresses and telephone contacts

- a) _____
- b) _____
- c) _____
- d) _____
- e) _____



A MEMBER OF THE UGANDA INSURERS ASSOCIATION



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Other details:

- a) Site station: _____
- b) Warehouse number: _____
- c) Nature of bond: _____
- d) Amount of guarantee/bond: _____
- e) Period: _____ to: _____
- f) Does your company have any outstanding dues with Uganda Revenue Authority?

CHECKLIST FOR CUSTOMER BOND REQUIREMENTS:

	SUBMITTED
Memorandum & Articles of Association	
Comprehensive Company Profile	
Operational License of at least three (3) years	
Recommendation from Asst. commission field services (URA)	
URA Inspection Report & Clearance for past three (3) years	
URA Permission Letter to execute Bond	
Counter & Personal Guarantees	
Collateral Security of Bond Amount	
Passport Photographs of the signatories	



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DECLARATION

I/We do hereby declare that the above answers and statements are true and that I/we have not withheld any material information regarding this proposal. I/We agree that this declaration and answers given above as well as any proposal or declaration or statement made in writing by me/us or any one acting on my/our behalf shall form the basis of contract between me/us and the company and I/we further agree to accept indemnity subject to the conditions endorsed on the company's policy.

Date of proposal: _____ Signature and stamp of proposer: _____

THE LIABILITY OF COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN PAID

AGENT / BROKER / CONTACT PERSON Name: _____

Signature: _____ Date: _____

Comments:



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