

RENTAL GUARANTEE BOND APPLICATION



1. APPLICANT	
Applicant:	Phone:
Address:	Fax:
	E-mail:

2. RENTAL PROPERTY ADDRESS					
Rental Property Address: <i>(please attach Agreement to Lease)</i>					
Construction of Building:				Approximate age of premises: yrs	
Type of area: Commercial/Industrial/Retail/Mixed/Other			Area size:	No. of car parks:	
Lease Term:			Annual Rental:	Review frequency:	
Annual Rent:	\$	Covered Outgoings	\$	Total Annual Cover Required:	\$

3. LANDLORD	
Landlord:	Phone:
Address:	Fax:
E-mail:	

4. LEASEE	
Leasee:	Established since:
Address:	

5. LEASEE PRINCIPALS	
Leasee Principals:	
Name:	Address:
Name:	Address:
Name:	Address:

IMPORTANT NOTICE - As required under the Privacy Act 1993, the following is brought to your attention:

- As part of the evaluation of this Bond, we need to collect certain information about you contained in this form and from further inquiries we may make.
- The intended recipient of this information is CBL Insurance Limited, its subsidiaries, divisions, agents or assigns, which will collect it and hold it.
- The collection of this information is required pursuant to your Bond.
- You have certain rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

SIGNED:	
Full Name:	Date:

Send this completed application form together with any relevant documentation to:
 CBL Insurance Limited, Tower One, The Shortland Centre, 51 Shortland St, P O Box 3772, Auckland. Phone 09 303 4770,
 Fax 09 300 5046 Email inquiry@cblinsurance.com

PERSONAL STATEMENT OF FINANCIAL POSITION AT / / 20__

PERSONAL INFORMATION:	
Full Name:	Date of Birth:
Occupation:	Business Ph: Home Ph:
Full Address:	

FINANCIAL INFORMATION:																																																																																																																																																													
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DECLARATION:

I, the undersigned, after enquiry declare as follows:

- a) I am authorised to make this declaration.
- b) I acknowledge the information provided on this proposal is true, factual and correct and authorise inquiries by CBL Insurance Limited for the purpose of approving this application.

Signed & Dated by Applicant / / 20__

Signed & Dated by Joint Applicant / / 20__

Send this completed application form together with any relevant documentation to:
 CBL Insurance Limited, Tower One, The Shortland Centre, 51 Shortland St, P O Box 3772, Auckland.
 Phone 09 303 4770, Fax 09 300 5046 Email inquiry@cblinsurance.com