

The Issuing of this form is not to be taken as an admission of liability by the insurer

1. General information

Full name of insured

Postal address Code Town

Telephone Number Cell No.

E-mail Address

Business/occupation

2. Name of Defaulter _____ Age _____

3. Present Address _____

4. Occupation at the date of the default _____

5. Date of dsccovery of the default _____

6. For how long, and in what manner has the default been carried on and concealed? _____

7. What led to its discovery? _____

8. What is the amount of the default as at present ascertained? _____

9. Has there been any previous irregularity in the defaulters accounts? If so, state when, and give particulars _____

10. When was the matter reported to Police and to which station? _____

11. On what date were his/her accounts last checked and found correct? _____

12. Has he/she, so far as you know, any property furniture or other effects? _____

13. Is there any salary, commission or other remuneration or allowance due to him/her? _____

14. Do you hold any other security in addition to this Guarantee? _____

15. Has the defaulter been discharged from your service? If so, what date? _____

16. Has a proposal for settlement been put forward by the Defaulter? _____

I/We declare the foregoing particulars to be true and correct and undertake to render every assistance in my/our power in dealing with the matter.

Date _____

Signed _____

Address _____

*It is important that this form should be completed and returned to the Company AT ONCE.