



**VANGUARD ASSURANCE COMPANY LIMITED**

**INSURANCE HOUSE - DERBY AVENUE**

P. O. BOX 1868, ACCRA Tel: (021) 666485/6/7; 7010677/9; 7010680/1/2  
Fax. (021) 668810 Tlx: 2005 VAC GH E-mail: vanguard@ghana.com

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**CUSTOMS BOND PROPOSAL FORM**

PARTICULARS IN CONNECTION WITH A BOND FOR ₵ .....

**C. E. P. S**

TO .....

**TYPE OF BOND REQUIRED** .....

1. Name:.....
2. Address:.....Tel No. ....
3. Office Location:.....
4. Location and Number of Warehouse:.....
5. Nature of Business: .....
6. Name and Residential Address of Principal Officer: .....
7. Names of Partners/Directors: .....
8. How long have you been in this line of business?:.....
9. Name and Address of Banker (s): .....
10. Name and Address of Solicitor (s):.....
11. Have you ever made an application for a guarantee to any other Guarantee Company?:  yes  no  
If yes please state  
(a) Name of Company .....
- (b) Whether application was accepted or declined: .....
12. Particulars of any Counter Guarantee: .....

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**I/We hereby declare that I/We have in replies made above stated the truth and request the VANGUARD ASSURANCE COMPANY LIMITED to furnish a bond on my/our behalf to ..... in accordance with the above particulars. I/We am/are aware that I/We am/are liable to indemnify the Company against any loss which they may sustain by reason of their entering into such bond.**

Dated this ..... day of..... 200.....

Signature: .....

Witness: ..... Address .....