

PERSONAL GUARANTEE BY THE DIRECTORS

In consideration of LASACO ASSURANCE PLC a company incorporated in Nigeria and having its registered office at Plot 16, Acme Road, Ikeja, Lagos. (Hereinafter referred to as('The Surety') executing a bond on behalf of.

(Hereinafter referred to as 'The Indemnitor)

- a) In favour of:
- b) In the amount of:
- c) In respect of:

WHEREBY the indemnitor executed a counter indemnity in favour of the surety to indemnify the surety against all claims and liabilities under the said bond and pay to the surety on demand such monies together with the costs and expenses incurred by the surety in respect thereof.

We the DIRECTORS of the Indemnitor jointly and severally hereby agree as follows:

- 1) That the Indemnitor will comply with all the terms and conditions of the counter indemnity and that we shall make good any default on the part of the indemnitor in making any payment under the counter indemnitor or in carrying out any of the- other terms.
- 2) To indemnify the surety against all loss damage or expenses which the surety may suffer as a result of executing the bond
- 3) Our liability to the surety hereunder shall be as principal debtors and shall not be affected by any indulgence or forbearance shown by the surety to the indemnitor.
- 4) This shall be a counting security until all sums due to the surety under the counter – indemnity shall have been paid.

1. Full Name:

Signature:

Sex:

Date of birth

Contact address: - Residential
- Operating

Occupation: _____

BVN: _____

Identity type: Driver's license National I.D International Passport

Identifier No: _____ Identifier State: _____

Identifier Country: _____ Nationality: _____
(Copy of Identification document to be submitted)

State of Origin: _____

Email: _____

Phone Number: _____

Mother's maiden name: _____

Source of fund: _____

1. BVN: _____

2. Full name: _____

Signature: _____

Sex: _____

Date of birth: _____

Contact address: -Residential
-Operating

Resident permit (for Non-Nigerian)

Occupation:
And others as in (1) above
Phone Number:
Signature:

FOR OFFICE USE:

Client Risk Category: High Risk
Medium
Low Risk

Compliance Officer's Signature



HEAD OFFICE:

Plot 16, Acme Road, Ogba, Ikeja, P. O. Box 3724, Lagos, Nigeria

Tel: 07000527226

E-mail: info@lasacoassurance.com

Website: www.lasacoassurance.com



CONTACT US FOR THE FOLLOWING RISKS

- Fire
- Personal Accident
- Motor Marine & Aviation
- Contractors All Risks
- Cash in Transit
- Employer's Liability
- Goods in Transit
- Vehicle
- Oil & Gas etc
- Bond, Engineering etc.

IMPORTANT INFORMATION

1. An Insurance Agent who assists an Applicant to complete an application or proposal for Insurance shall be deemed to have done so as the Agent of the applicant in accordance with section 54(2), Insurance Act 2003
2. The liability of the company does not commence until this application is accepted and the premium is paid in accordance with section 50(1) of Insurance Act, 2003

BID/ADVANCE PAYMENT/PERFORMANCE BOND PROPOSAL FORM

1. Names and address of Contracting Company	
2. Incorporation Number	
3. Type of business Phone	
4. Operating State	
5. Incorporation State	
6. Financial Year End	
7. Last Audited/Unaudited Account	
8. Authorized capital (*'000)	
9. Paid up capital (*'000)	
10. For whom is the contract to be undertaken	
11. Brief description of work to be carried out. (A copy of the contract, General Conditions and specification must be forwarded for perusal)	
12. Total amount of contract	
13. Amount of bond <ul style="list-style-type: none"> i. Bid ii. Performance iii. Advance Payment. 	
14. a. Date work is to be commenced b. Date work is to be completed	
15. How long has the company been established	
16. What experience has the company had on this type of contract	
17. a. Has any director or partner ever been bankrupt or compounded with his creditors b. if so, when, and has he been discharged?	
18. Name and address of company bankers	
19. Give particulars of any other insurances	

THIS COUNTER GUARANTEE

In consideration of **LASACO ASSURANCE PLC** (hereinafter called "The Surety") executing a bond on behalf of

of _____ in favour of _____

In consideration with the construction of _____

I _____

of _____

do hereby bind myself, my heirs, executors, administrators and assigns to indemnify the surety against all claims and liabilities under the said bond to pay on demand to the surety the full amount of such monies together with all costs and expenses incurred by the surety in respect thereof.

In pursuant of this counter guarantee the surety shall be entitled whenever notification of claims or potential claims is received in respect of the said bond to call upon the indemnitor to deposit with the surety the full amount of the said bond. Such deposit shall be paid by the indemnitor to the surety within fourteen days after request in writing and expenses in connections therein.

If there is a surplus in the hands of the surety after settling all such claims cost and expenses such surplus shall be refunded forthwith to the indemnitor but if there is deficiency the amount of such deficiency shall be paid by the indemnitor to the surety forthwith upon request in writing before enforcing this counter guarantee the surety shall not be obliged to take any steps to recover from any other person any monies due to the surety nor be obliged to enforce any of the Surety's rights in any order of priority and no variation or release of any obligation as foreshaid or release of any other security shall in anyway reduce or otherwise affect the liability of the indemnitor hereunder.

DATA PROTECTION NOTICE AND CONSENT

Lasaco assurance plc is data protection regulation compliant. All information submitted by you will be processed and managed in line with the Nigeria data protection regulation.

SIGNED, SEALED AND DELIVERED

By the said:

SIGNATURE

DATE

In the presence of:

Name: _____

SIGNATURE

Address: _____

Occupation: _____ Date: _____