



**APPLICATION FOR FIDELITY GUARANTEE INSURANCE**

Employee's name in full ..... Age .....

1. State (a) Nature of occupation  
(b) Amount of Guarantee required (a) ..... (b) .....
2. (a) Annual net remuneration from said appointment;  
and (b) Other (annual) income and how derived (a) ..... (b) Other Income .....
3. (a) Have you any debts or liabilities apart  
from domestic ones? (b) If so give amount and particulars .....  
(a) ..... (b) Amount .....
4. (a) Are you a householder? (b) If not, do you reside with relatives?  
(c) Does the furniture belong to you? If so, state (d) value; and ..... (a) .....  
(b) ..... (c) ..... (d) .....
5. (a) Are you single, married or a widower? (b) .....
6. State number of persons dependent upon you ..... (a) ..... (b) .....  
(a) Are you security for any person? (b) If so,  
State amount and full particulars ..... (a) ..... (b) Amount .....
7. (a) Have you any Life Assurance? If so, state  
(b) Name of Company; (c) amount; and (d) whether  
encumbered ..... (a) ..... (b) Company (c) ..... (d) .....
8. Have you ever been (a) charged with fraud or dishonesty;  
(b) in arrears or in default in your accounts; or  
(c) discharged from any employment or position? (a) (b) (c)

9. State where you have been employed during the last five years.

<i>From</i>	<i>To</i>	<i>Capacity</i>	<i>Name and Postal Address or Employer</i>	<i>Reason for Leaving</i>
19	20			
19	20			
19	20			



**EMPLOYER'S STATEMENT**  
**QUESTIONNAIRE**

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- 1. A. Employer's full name .....
  - B. Business .....
  - C. Address .....
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- 2. A. How long have you known the applicant .....
  - B. How did the Applicant become Known to you .....
  - C. If in your employment previously, in what capacity and for how long .....
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- 3. A. What testimonials did you receive from the Applicant's previous employers?  
.....
  - B. Was the Applicant reported as honest and trustworthy?.....
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- 4. A. Is this Guarantee the only security required or to be held by you?.....
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- 5. A. Is there any cash at present due to you from the Applicant?.....
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- 6. Regarding the Applicant, and generally Please state
  - A. Applicant's position? .....
  - B. What is the maximum sum you estimated is likely to be in his hands at one time? .....
  - C. From what source is money received by him? .....
  - D. Is the required to pay over to you or to Bank, and how frequently:  
.....
  - E. How frequently and by whom is the Bank Statement examined and the entries compared with cash book?  
.....
  - F. Is an official counterfoil receipt required to be given for all payments?  
.....
  - G. By whom and how frequently are counterfoils examined?  
.....

H. Does he keep petty cash and are vouchers required for all amounts paid out?

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I. Is he allowed to pay any other monies on your account. If so, of what nature and the amounts previously authorized?.....

J. Is he authorized to sign cheques? .....

K. Is he in charge of Insurance stamps? If so, when and to whom must cards be produced for Inspection?

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L. What is the usual credit given by you, and what is your practice regarding arrears?

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M. Is he in charge of stock? If so, what is the nature and average value of same?

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N. How often and by whom is such stock independently checked?

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O. Are your book independently audited and if so, at what intervals?

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7. What remuneration will the applicant receive, and how will it be paid?

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8. Has anyone, employed by you, been detected in any Defalcation? If so, briefly state particulars.

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9. Is the premium in the proposed Guarantee to be paid by the Applicant or by you.

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10. Has a similar proposal been made to any other Insurance Company?

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***I/We declare that the above statement is true, and I am/We are willing that the replies shall be taken as the basis of the contract between me/us and the Donewell Insurance Company Limited.***

DATE..... 20.....

Signature of Proposer.....