

APPLICATION FOR FIDELITY GUARANTEE INSURANCE

1. Employee's name in Full.....
 a. Employee's Date of Birth.....
 b. Occupation.....
2. Annual net remuneration from current employment.....
 a. Other (annual) income and how derived.....
 b. Have you any debts or liabilities apart from domestic one?.....
 c. If yes, give amount and particulars.....
3. Are you single, married or widower?.....
 a. State number of persons dependant on you.....
4. Are you security for any person?.....
 a. If so, state amount....
 b. State particulars.....
5. Have you any Life Assurance?If yes, state:
 a. Name of Company.....
 b. Amount.....
6. Have you ever been:
 a. Charged with fraud or dishonesty.....
 b. In arrears or in default in your accounts.....
 c. Discharged from any employment or position.....
7. State where you have been employed during the last five years:

From	To	Position	Name & Address of Employer	Reason for leaving

8. Amount of Guarantee required.....
9. Employer's full name.....
10. Business.....
11. Address.....

12. How long have you known the Employee?.....
13. How did the Employee become known to you?.....
14. Is this Guarantee the only security required or to be held by you?.....
15. Is there any cash at present due to you from the Employee?.....
16. Regarding the Employee, and generally please state:
 - a. Employee's Position.....
 - b. What is the maximum sum you estimate is likely to be in his hands at one time?.....
 - c. From what sources is money received by him?.....
 - d. Is he required to pay over to you or to the Bank?.....
 - e. How frequently.....
 - f. How frequently and by whom is the Bank Statement examined and the entries compared with the cash book?
 - g. Is an official counterfoil receipt required to be given for all payments received?
 - h. By whom and how frequently are counterfoils examined?
 - i. Does he keep petty cash and are vouchers required for all amounts paid out?
 - j. He is allowed to pay any other money on your account? If so, of what nature and amounts previously authorized?
 - k. Is he authorized to sign cheques? if so, (a) Alone..... (b) Jointly.....
 - l. What is the usual credit given by you, and what is your practice regarding arrears?.....
 - 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?.....
 - o. Are your books independently audited and if so, at what intervals?.....
17. What remuneration will the Employee received, and how will it be paid?.....
18. Has anyone employed by you been detected in any defalcation? If so, briefly state particulars
19. Is the premium on the proposed Guarantee to be paid by you Employee or by you?
20. Has a similar proposal been made to any other insurance company?
21. Employee's Signature..... Date.....
22. Employer's Signature..... Date.....
23. **Declaration:** 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 Activa International Insurance Company (Ghana) Limited