**FORM OF TRADE BOND REQUEST FORM**

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| **Identity and details of Principal Company:**  | Full company name:Full company address:Eircode:IE registered company number:Contact name:E-mail address: Contact No:Secondary contact name:E-mail address: Contact No: |
| **Identity of Top Co and Beneficial Owners:** | Full company name of Top Co:Full company address:Eircode:IE registered company number:Contact name:E-mail address:Contact No: | Shareholder 1:Name:Home address:Date of Birth:% Shareholding: |
| Shareholder 2:Name:Home address:Date of Birth:% Shareholding: |
| Shareholder 3:Name:Home address:Date of Birth:% Shareholding: |
| Shareholder 4:Name:Home address:Date of Birth:% Shareholding: |
| **Type of Bond**: | Deferred Duty / Tax Warehouse / Transshipment Bond / Other [delete as applicable) Has a bond wording been specified: Y/NIf Yes, please supply copy  |
| **Bond Amount** | Bond value:Commencement date:Location:Is this a replacement bond:If so, when will previous bond expire/be released: |
| **Other information**: | Any other information:  |