**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/N  If 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: | |