

BANK INFORMATION FORM

PLEASE SIGN THIS LETTER OF AUTHORITY AND SEND IT TO YOUR BANK

Bank: _____

Address: _____

For the attention of: _____

Account name (s): _____

I/We hereby authorise the Bank to complete this form giving details of our banking arrangements, facilities and balances and request that the completed form be forwarded to Surety Bonds at the address at the end of the form.

Signed by the Client: _____ for and on behalf of: _____

1 What is the present balance of the following accounts:

- | | | | |
|---|---------|------------------------|---------|
| (a) Current Account(s) | € _____ | (b) Deposit Account(s) | € _____ |
| (c) Term Loan Account(s) | € _____ | (d) Undischarged Bonds | € _____ |
| (e) Other Account(s)/Contingencies (please specify) | | | |

2 What are the authorised limits in respect of:

- | | | | |
|---------------|---------|--------------------|---------|
| (a) Overdraft | € _____ | (b) Loan Account | € _____ |
| (c) Bonds | € _____ | (d) Other Accounts | € _____ |

When is the next review date: _____

Has the Bank granted all the facilities applied for in the last three years? Yes / No

3 Please detail security held by the Bank against the facilities listed in Section 2 above:

4 What was the turnover i.e. total Bank lodgements for:

(a) Last calendar year: € _____ (b) Current year to date: € _____

5 Total interest payable/receivable:

(a) Last calendar year: Debit € _____ Credit € _____

(b) Current year to date: Debit € _____ Credit € _____

6. What were the maximum and minimum monthly balances of the current account for the last twelve months? Please indicate clearly whether the balances are debit or credit. Where Client operates more than one account please append separate details on each account.

Period from _____
to _____

| Month | Max | Min | Month | Max | Min |
|-------|-------|-------|-------|-------|-------|
| 1 | _____ | _____ | 7 | _____ | _____ |
| 2 | _____ | _____ | 8 | _____ | _____ |
| 3 | _____ | _____ | 9 | _____ | _____ |
| 4 | _____ | _____ | 10 | _____ | _____ |
| 5 | _____ | _____ | 11 | _____ | _____ |
| 6 | _____ | _____ | 12 | _____ | _____ |

(Note: Month 1 is the most recent month).

Signed: _____ Bank Stamp:
Authorised Bank Official

Date: _____

Please return to:

Colm McGrath
Managing Director