

# APPLICATION FORM - Single Premium Bond

### GUARANTEE BOND FOR THE COURT OF PROTECTION - MENTAL CAPACITY ACT 2005

To be completed in full by the Deputy applying for Security

Section 1: Bond details (Completed in capital letters)					
Name of "P":					
Amount of Security:	£21,000				
Annual Premium:	£69.00				
Court reference:					
Is this a transfer of an existing bond:					

The Deputy/Deputies listed in Section 2 of this bond form have been appointed by the Court of Protection ('the Court') Deputy/Deputies in the matter of "P". This appointment is subject to Me/Us giving Security in the sum stated above to the satisfaction of the Public Guardian.

#### IT IS AGREED as follows:-

- 1. Aviva Insurance Limited, or its successors ("the Surety Company") hereby guarantees that upon payment of the single premium due, it will pay to persons nominated by the Court or the Office of the Public Guardian, the amount of the loss, not exceeding the amount of Security, should I/We fail to carry out My/Our Deputyship duties.
- 2. I/We and My/Our respective legal Personal Representatives and estates shall remain liable or jointly and severally liable to the Surety Company should the Court of Protection forfeit the Bond and the Surety Company may take such action as is appropriate against Me/Us personally to recover any loss.
- 3. The single premium due pursuant to clause 1 above is payable in full and I/We shall not be entitled to any refund in the event of early termination or replacement of the Bond.
- **4.** I/We and the Surety Company shall remain liable under this Bond until an Order is made by the Court relieving Me/Us and/or the Surety Company from further liability under this Bond.
- **5.** I/We understand that the original of this Bond and any Endorsement will be stored by Marsh Ltd and I/We shall receive confirmation that Security has been granted and/or amended and that the Office of the Public Guardian has been notified.
- **6.** Marsh Ltd will carry out a credit check on all lay Deputies (i.e. Deputies that are not paid for their services or covered under a Professional Indemnity insurance policy) and will report any adverse findings to the Court, the Office of the Public Guardian and the Surety Company. Please read the following Data Protection wording.

#### **DATA PROTECTION ACT - Personal Data**

#### Please read in conjunction with the Guarantee Bond overleaf

For the purposing of handling your application and servicing a Bond, Marsh and insurers use the personal data you have provided either relating to you or a third party. More information about how we use personal data is provided in the enclosed Terms of Engagement and in the Marsh Privacy Notice available at <a href="https://www.marsh.com/uk/privacy-notice.html">https://www.marsh.com/uk/privacy-notice.html</a>. You can request a copy of the Marsh Privacy Notice by contacting <a href="mailto:dataprotection@marsh.com">dataprotection@marsh.com</a>.

#### CHEQUE PAYMENT

Upon receipt of a completed Bond form and cheque, Marsh Ltd will immediately bank that cheque to ensure correct control of payments and compliance with FCA Regulations. This does not constitute the granting of the Bond that will be confirmed to you by issue of a Confirmation Certificate. **Other methods of payment are available, see below.** 

If Marsh Ltd are unable to process your Bond request, a full refund will be given.

## In signing this bond you are agreeing to the terms of the bond

Section 2: To be completed and signed by Deputy 1											
Title	☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr			Dr	Other Please state:						
Full Name						Date of Birth		1	1		
Current Address If less						Landline					
than 5 years please provide previous address (use separate						Mobile					
paper if necessary)						Email					
Signature of Deputy 1						Professional D	eputy*	Yes	No		
Section 2: To be completed and signed by Deputy 2											
Title	☐ Mr [	Mrs	☐ Miss ☐	] Ms 🔲	Dr	Other Pleas	e state:				
Full Name						Date of Birth		1	1		
Current Address If less						Landline					
than 5 years please also provide previous address (use						Mobile					
separate paper if necessary)						Email					
Signature of Deputy 2						Professional D	eputy*	Yes	No		
Section 2: To be completed and signed by Deputy 3											
Title	☐ Mr [				Dr	Other Pleas	e state:				
Full Name						Date of Birth		1	1		
Current Address If less						Landline					
than 5 years please also provide previous address (use						Mobile					
separate paper if necessary)						Email					
Signature of Deputy 3						Professional D	eputy*	Yes	No		
Section 2: To be complete	ed and si	gned by	Deputy 4								
Title	Mr Mrs Miss Dr Other Please state:										
Full Name						Date of Birth		1	1		
Current Address If less						Landline					
than 5 years please also provide previous address (use						Mobile					
separate paper if necessary)						Email					
Signature of Deputy 4						Professional D	eputy*	Yes	No		
* Professional Deputies are paid for their services over and above expenses											
Payment by Cheque											
Please make cheques payable to <b>Marsh Ltd</b> and send this along with this form to:											
Marsh Ltd, Marsh Legal & Protection (LAPS), PO Box 306, Lowton Way, Sheffield, S98 1TF											
Payment by BACS or Card											
For payments by BACS or card please send your completed form to:  Marsh Legal & Protection Services, 1st Floor, Coal House East, 10 Dumfries Place, Cathays, Cardiff, CF10 3RJ									. CF10 3RJ		
BACS payments must be made to the account below  To make payment by credit or debit card please call us on											
quoting your <b>Court</b> reference:								ico dan do dii			
Account name: Marsh Ltd											
Account number: 93729842 Please DO NOT send bank or card details in the							in the post				
Sort code: 20-00-00					a er	nail.					
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