

STATE OF SOUTH CAROLINA  
NON-PARTICIPATING

Address:			
City:	State:	Zip:	Country:
Phone:		Email Address:	
Name/Title of Person Completing Form:			

Bonding Company Information			
Business Name:		Contact Person:	
Address:			
City:	State:	Zip:	Country:
Phone:		Email Address:	
Bond Number:			

Bond Assurances
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WHEREAS pursuant to the South Carolina Tobacco Escrow Fund Act (S.C. Code Ann. Section 47-11

NOW THEREFORE the condition of this obligation is such that if the above named Non Participating Manufacturer shall faithfully and truly fulfill all of its duties and obligations under the South Carolina Tobacco Escrow Fund Act (S.C. Code Ann. Section ~~47-110~~, et seq), the Tobacco Escrow Fund Enforcement Act (S.C. Code Ann. Section ~~48-110~~, et seq.), and Regulations promulgated thereunder (S.C. Code of Regulations Ch. 13, Art. 3), then the bond obligation shall be satisfied, although such document shall remain in full force and effect. If, however, the above named Non Participating Manufacturer fails to faithfully and truly fulfill all of its duties and obligations under the South Carolina Tobacco Escrow Fund Act (S.C. Code Ann. Section ~~47-110~~, et seq.), the Tobacco Escrow Fund Enforcement Act (S.C. Code Ann. Section ~~48-110~~, et seq.), and Regulations promulgated thereunder (S.C. Code of Regulations Ch. 13, Art. 3), the State of South Carolina may execute any judgment upon this bond. The aggregate accumulated liability under this bond shall in no event exceed the penal sum named herein, for any and all claims which may accrue during the term of this instrument.

This bond shall become effective on \_\_\_\_\_, and continues in effect until the Surety  
(Date)

withdraws from this bond by giving 60 days advance notice by registered mail to the Office of the South Carolina Attorney General, Tobacco Enforcement Division, 1100 North Main Street, Columbia, South Carolina 29201.

**Bonding Company Designee**

Authorized Designee: _____	Title _____
_____ (Designee Signature)	Date: _____

**Notary**

Sworn to and subscribed before me on this day \_\_\_\_\_ of \_\_\_\_\_ 24. \_\_\_\_\_, 20

(Seal)

\_\_\_\_\_  
Notary Public (Printed)

\_\_\_\_\_  
Signature

My commission expires: \_\_\_\_\_

Please Mail to:

South Carolina Office of the Attorney General  
Tobacco Enforcement Unit  
P.O. Box 11549