

PROPOSAL FORM FOR INSURANCE

DIRECTORS & OFFICERS LIABILITY

Please ensure that questions are answered fully and accurately and where necessary schedules giving further explanation are provided.

Important Notice Concerning Disclosure: It is your duty to disclose all material facts to Underwriters. A material fact is one that is likely to influence an Underwriter's judgement and acceptance of your proposal. If your proposal is a renewal of an existing policy, it should also include any change in facts previously advised to Underwriters. If you are in any doubt as to whether or not facts are considered material, you should disclose them.

	as to whether or not facts are cons	_			, , , , , , , , , , , , , , , , , , ,	
Pleas	e Note: The following documents m	ust be submitted with this Pro	oposal	:		
□ (a)	The audited accounts of the compa	any for the last two (2) financi	al year	rs;		
□ (b)	The latest interim statement (if app	olicable);				
□ (c)	A copy of all circular letters sent to	the company's shareholders of	during	the past twelve (12) r	nonths;	
□ (d)	The latest audited accounts of the	ultimate Holding Company if a	applica	able.		
ECTIO	DN 1 DETAILS OF PROPOSAL					
1. a.	Name of the Company:					
b	Address of Head Office:					
C.	Telephone No./Fax No.:					
d	Email address:					
e.	If the Company named in a. is a su	ıbsidiary of another company,	give c	details of the ultimate	Holding Company:	
	i. Name of the Holding Company	·				
	ii. Address of Holding Company:					
2. a.	Type of company (e.g., Public, Priv	ate, Close, Mutual, etc.):				
b	Nature of business:					
C.	Date since the company has conti	nuously carried on business:				
3. N	ame of each member of the Board	of Directors of the Company:				
1	Name		Date o	of Appointment		
	s cover required under this policy for Directors or Officers of the Company or of its subsidiary companies whilst nolding positions in any associated company? Yes No					
lf	Yes, please provide in respect of ea	ch appointment the following	j:			
	Company in which position held	Company of Incorporatio	n	Activity Net Profit	Net Worth	
5. a.	How many shareholders does the	Company have?				

b. Are there any shareholders who own 10% or more of the issued shares? \Box Yes \Box No



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6.	Is the Company: a. Listed on any Stock Exchange? □ Yes □ No If Yes, state which and date listing obtained: b. Listed on the Unlisted Securities Market? □ Yes □ No c. Traded in any other way? □ Yes □ No If Yes, please specify:							
7.	Please give the total gross assets of the Companies and its subsidiary companies and the number of employees in:							
	Total Gross Assets No. of Employees							
	a. the United States of America							
	b. Canada							
8.	In respect of any subsidiary company in the United States of America please advise:							
	a. The name of the subsidiary:							
	b. The company's percentage interest:							
	Where not 100% owned please state who owns the minority stock:							
9.	Does the Company or any of its subsidiaries have any of their stocks, shares or debentures issued in the United States of America or Canada? Yes No If Yes, please advise:							
	a. On what date the last offer/tender/issue was made:							
	b. Was the offer subject to the United States Security Act 1933 and/or the Securities Exchange Act of 1934 and/or any amendments thereto? ☐ Yes ☐ No							
10.	Enclose a copy of the latest 20-F filing or similar filing made to the USA Regulatory Authorities. \square N/A \square Attached							
11.	Has the Company made any acquisitions/disposals during the past 18 months? ☐ Yes ☐ No If Yes, provide details:							
	Has the Company within past 18 months:							
	a. Filed any registration statement for a public offering? Yes No							
	b. Issued any shares (common or otherwise)? ☐ Yes ☐ No							
	Is any such offering or share issue contemplated in the next 12 months? \square Yes \square No If Yes, provide details:							
13.	a. If Directors and Officers Liability Insurance has been carried during the past 3 years please state:							
	i. The name of the Insurers:							
	ii. The period of the policy:							
	iii. The Indemnity Limit:							
	iv. The premium (for the last policy issued):							
	b. As far as is known, have the Proposers ever been refused this type of insurance or had a similar insurance cancelled? ☐ Yes ☐ No If Yes, please provide details:							



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14.		If an insurance similar to that now proposed had been or were now in effect would any claim which has been made or which is now pending against any persons proposed for insurance have fallen within the scope of such insurance? Yes No If Yes, please give details:				
	b.	Is any person proposed for insurance aware, AFTER ENQUIRY, of any circumstances or incident which he/she has reason to suppose might afford grounds for any future claim such as would fall within the scope of the proposed insurance? \square Yes \square No \square If Yes, please give details:				
15.	An	nount of indemnity required:				
SECT	ГΙΟ	N 2 DECLARATION				
I, th	ie u	ndersigned, being a Director or Officer of the Company referred to in Item 1.a. of this Proposal, hereby declare:				
1.		m authorised to complete this proposal on behalf of the Company referred to in Item 1 of this proposal and all bsidiary companies declared herein; and				
2.		answers to the questions contained in this proposal are, AFTER ENQUIRY, true and correct to the best of my owledge and belief; and				
3.	Ιh	ave read and understood the notes at the beginning of this proposal; and				
4.		nderstood that the submission of this proposal does not bind either the Underwriters or the Company specified in m 1 or any of the Subsidiary Companies declared herein, to enter into a binding contract of insurance.				
Prir	ncip	pal/Partner/Director Name and Title (Please print)				
C :						
Sigi	nat	ure Date				
Dec	clar rec	portant that the Company and all Subsidiary Companies declared herein, and the authorised Officer signing the ation above on their behalf, are fully aware of the scope of this insurance so that these questions can be answered tly. If in doubt, please contact your broker since non-disclosure may effect an Assured's right of recovery under licy or lead to voidance.				