

IMPORTANT NOTICE

- Answer all questions, leaving no blank spaces.
- If the Proposer has insufficient space to complete any of the answers, please continue on headed paper.
- In respect of policy renewals, any reference to the 'Proposer' contained herein, refers to the 'Insured'.
- Please complete all questions from page 1 - 17 and only complete the annexure/s relevant to the Proposer from page 18 onwards.
- It is the intention of the Insurers that any contract of insurance with the Proposer shall be based upon the answers and information provided in this proposal form and any other additional information provided by the Proposer.
- If a quotation is offered, it will be the intention of Insurers to offer coverage only in respect of those entities named in response to Section 1 of this proposal form.
- Completion of this proposal form does not bind neither the Proposer nor the Insurer to complete the insurance transaction.
- Kindly provide an organisational and ownership chart including percentage shareholding, business activities description and location of all entities.
- Kindly provide the latest audited financial statements and reports and any subsequent interim reports issued for all entities to be insured.
- **If the latest audited financial statements available are older than one year, please provide draft financial statements or the latest management accounts for all entities to be insured, reflecting the balance sheet and income statement, in addition to the latest audited financial statements.**

1 | GENERAL INFORMATION

Details of entities to be insured (the "Proposer"):

Proposer's name:

.....

ID No. (if sole trader):

.....

Business description:

.....

.....

Physical address (head office):

.....

Postal code:

.....

Postal address:

.....

Postal code:

.....

Co Reg No.:

.....

VAT No.:

.....

Professional association(s):

.....

FSP No.:

.....

Website:

.....

Contact person:

.....

Contact number:

.....

Date company established/services commenced:

..... / /

Company legal constitution:

Partnership / Private Company / Public Company / Close Corporation /
Non-profit Organisation / Government / Sole Proprietor

AUTHORISED FINANCIAL SERVICES PROVIDER, LICENCE NUMBER: 6344. APPROVED LLOYD'S COVERHOLDER PIN: 107824DRW
Camargue Underwriting Managers (Pty) Ltd. Co. Reg. No. 2000/028098/07.
33 Glenhove Road, Melrose Estate, 2196. Telephone: 011 778 9140, E-mail: camargue@camargueum.co.za, Website: www.camargueum.co.za.

UNDERWRITTEN BY THE LICENSED INSURERS:

Please complete the table below and kindly provide the latest audited financial statements (and management accounts if older than one year) for all entities to be insured:

Name of subsidiary:	Location:	Date established:	Principal activity:

*Henceforth, it is understood that the proposal form is completed on a consolidated basis for all subsidiary entities indicated in the table above.

2 | INSURANCE HISTORY

1. Is the Proposer in the present or has the Proposer in the past been insured for the type of insurance now being proposed?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please state:

Insurers:

Limit of indemnity:	R
First amount payable:	R
Premium:	R
Date of expiry of coverage:	
Retroactive date:*	

*Should the Proposer wish to include their reflecting the historical retroactive date being enjoyed under this insurance, please provide the expiring policy schedule and policy wording.

2. For the type of insurance now being proposed, has any Insurer ever:

(a) Required an increased premium or imposed special terms?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(b) Refused to accept or renew any insurance?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(c) Cancelled the insurance?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES to any of the above three (3) questions, please provide full details:

3 | REQUIRED COVER

1. State the limit of indemnity and first amount payable required:

	Option 1:	Option 2:	Option 3:
Limit of indemnity:	R	R	R
First amount payable:	R	R	R

4 | PREVIOUS LOSSES/EXISTING CIRCUMSTANCES

1. Is any principal, aware of any circumstance which might:

(a) Give rise to a claim against the Proposer, any predecessor or any past or present principal?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(b) Cause any loss to the Proposer, any predecessor or any past or present principal?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(c) Otherwise affect the consideration of this proposal for insurance?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES to any of the above, please provide full details:

2. In respect of ANY of the risks to which this proposal relates, has any claim been made (whether successful or not) against the Proposer or any past or present principal?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please provide details (including loss date, amount claimed and a brief description):

If YES, what steps have been taken to prevent a recurrence?

5 | ENTITY INFORMATION

1. (i) Has the Proposer been acquired by another entity, merged or acquired any other business during the last five (5) years?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please provide details:

(ii) Has the company changed its name and/or country of registration in the last five (5) years?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please specify and provide the relevant name change certificate:

(iii) Has the company offered any new services over the last three (3) years?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please provide details:

(iv) Does the company intend on offering any new services in the next twelve (12) months?

YES		NO	
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If YES, please provide details:

2. (i) Please provide the following details for directors/partners/principals:

Name in full:	Qualifications:	Date qualified:	How many years full-time practical experience in the relevant industry:	Duration as a director/partner/principal of the Proposer:

(ii) Please provide the following details for key individuals:

Name in full:	Qualifications:	Length of service at the Proposer:

(iii) State the number of employees in the following categories:

	Current year:		Prior year:	
	South Africa:	Elsewhere (please specify):	South Africa:	Elsewhere (please specify):
At head office:				
At data processing centre:				
At branches:				
At subsidiaries:				
At agencies:				
At administration centre:				
Other (eg. contractors, etc):				
Total:				

(iv) Has the number of staff changed materially in the past twelve (12) months?

YES		NO	
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If YES, please provide details:

(v) Kindly state the number of locations in which the Proposer operates:

(vi) Kindly state the locations in which the Proposer operates:

(vii) If the Proposer or any of its subsidiaries (for which cover is required), operates outside of South Africa, please give details of applicable territories as well as the percentage split of business operations derived therefrom:

Territory:	Services income split:
South Africa:	
Elsewhere in Africa (please specify):	
United States of America/Canada:	
Elsewhere in the world (please specify):	

(viii) When recruiting or promoting employees does the Proposer:

(a) Obtain written references covering at least their previous employment history?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(b) Undergo a process to ensure their suitability for the position?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(c) Undertake independent checks into criminal record and financial history?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(ix) Are there any staff with convictions relating to dishonesty?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please provide details:

(x) Are lifestyle audits conducted annually in respect of mid- and senior management, as well as individuals in positions of trust?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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3. Does the Proposer outsource the payroll function to an independent third-party?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(i) If the payroll function is not outsourced, please advise how regularly someone who is not normally involved in the payroll's update and preparation, checks to ensure that only current employees are on the payroll?

At least once a month	<input type="checkbox"/>	At least once a quarter	<input type="checkbox"/>	At least once every 6 months	<input type="checkbox"/>
At least once a year	<input type="checkbox"/>	Less often than once a year	<input type="checkbox"/>		

4. List each takeover or merger situation which the Proposer has acted on behalf of its clients in the last twelve (12) months, and the values involved, as per the below table:

Offeror:	Outcome:	Offer value:
		Total:

5. Have there been any offers or negotiations to purchase five percent (5%) or more of any class of voting stock of the Proposer in the past two (2) years or are any such offers expected in the future?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please provide details:

6. Has the Proposer or any subsidiary filed, within the past eighteen (18) months, or anticipate filing, any public offerings of shares, debentures or other securities?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please attach the prospectus and any other applicable documentation.

6 | LEGAL

1. State the names of external legal advisors routinely acting for the Proposer:

If not applicable, please advise as to how legal advice is handled:

.....

2. Does the Proposer have an in-house legal department?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES:

(i) How many legally qualified individuals does it consist of?

(ii) Kindly describe the legal department's responsibilities:

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(iii) Does the in-house legal department offer its services to customers or other third parties?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please specify:

3. Are all publications, marketing material, or other product services communications issued by the Proposer reviewed by the in-house legal department and/or outside legal advisers prior to their release to third parties?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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4. Does the Proposer use a standard form of contract, agreement or letter of offer setting out the terms and conditions of the services performed?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES:

(i) Are all contracts approved by legal advisors?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(ii) Do all contracts provide indemnity and/or limitations to the Proposer's liability?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Please provide details or copies of relevant contract conditions.

If NO, to any of the above, please provide details:

7 | EXTERNAL AUDIT

1. State the name of the independent firm of chartered accountants or professional auditors or other competent authority who fully audit the Proposer's accounts:

.....

2. Frequency of audit: (if other than annual)

3. Do the auditors visit all the branches?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please state frequency of visits to branches:

.....

If NO, please advise as to why the auditor does not visit all the branches:

4. Does the firm or authority regularly review the system of internal control and furnish written reports?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, do these reports go directly to the board of directors?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If NO, please advise why the auditor does not review the Proposer's internal controls and what risk management is in place in the absence of such:

5. Has the auditing firm made any recommendations in the last two (2) audits?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please state the recommendations made:

If YES, has the Proposer complied with all recommendation made as a result of its most recent audit?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If NO, please provide reasons for not doing so; alternatively, please provide the management response:

6. Has the auditing firm rendered an unqualified opinion for each of the last five (5) years?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If NO, please provide reasons or commentary as to why an unqualified audit opinion was not received, and what actions management has taken in response to the auditor's concerns:

7. Are all entities subject to the same external audits and applicable internal controls, procedures and appropriate physical security standards?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If NO, please provide full details below:

8. Are the external auditors satisfied with the Proposer's security programmes and internal audit programme/scope/frequency and reporting lines, etc.?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If NO, please explain why not, on a separate page.

8 | REGULATORY AND COMPLIANCE

1. Name of regulator/s:

2. Is the Proposer licensed and compliant with all legislation regulating their business?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If NO, please provide details:

3. Is the Proposer compliant with POPIA?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If NO, please provide details:

4. During the last five (5) years, has the Proposer received any admonishment, critical directive of enforcement action from any regulatory authority?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please provide details:

5. Has the Proposer or any of its directors, officers, partners or employees ever been the subject of a regulatory investigation?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please provide details:

6. Please provide details of the Proposer's compliance officer. Please state his/her name, duties and to whom he/she reports. If there is no designated compliance officer, please detail who is responsible for compliance:

7. Does the Proposer have a comprehensive disaster recovery plan which is regularly tested/ updated?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If NO, please indicate the procedures in place for disaster recovery:

9 | FUNDS TRANSFER

1. Does the Proposer use or subscribe to any electronic funds transfer system?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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2. Does the Proposer use or subscribe to any electronic funds transfer systems which allows clients direct access by clients to the Proposer's database?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, on a separate page, please provide a brief description of the services offered and approximate number of clients.

3. Does the Proposer use or subscribe to any electronic funds transfer systems which allows clients to directly execute a transfer of funds?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, on a separate page, please provide a brief description of the services offered and approximate number of clients.

4. Transfer/bank account change requests:

A. INTERNAL

(a) Please describe the procedures in place to validate the authenticity of what appears to be internally generated fund transfer requests:

(b) Would procedures set out in (a) above apply to requests purporting to have come from the executive management (CEO/CFO, etc.)?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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B. EXTERNAL (i.e. customer, clients and vendor requests)

(a) What procedures does the Proposer have in place to authenticate the validity of:

(i) Requested changes to a third-party vendor or customer bank account information held on record?

(ii) Customer/client instructions to direct funds to a third-party bank account recipient?

(b) If a "call back" is required, is this to a previously established number (i.e. one on record for the vendor or customer and not the contact information contained in the communication requesting a change to account details or a transfer)?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(c) Are transfer requests or bank information changes accepted solely via electronic communications?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, what additional controls are in place to ensure that such requests are genuine and from an authorised person?

(d) Is there any system in place to flag and seek additional sign off or confirmation for fund transfers in respect of those which are:

	YES:	NO:
(i) Out of country?		
(ii) To recipients in known high risk jurisdictions (e.g. China)?		
(iii) Over a certain value?		
If YES, at what value are transactions subject to such controls:	R	
(iv) Unusual or inconsistent with previous transfer behaviour?		

If NO, please detail what alternative controls are in place:

6. Does the Proposer hold any third-party funds?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES:

(i) Please advise the value of third-party funds held:

.....

(ii) Are third-party funds held in separate bank accounts to the Proposers own funds?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(iii) Are third-party funds held in a single pool of funds?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

7. Is a two-step verification process implemented and followed in respect of any electronic instruction to withdraw or transfer third party funds or amend third party banking details?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

*This two-step verification process requires that proper identification is carried out, including telephonic verification utilizing contact details per Insured's records (i.e. not utilizing contact details included within the transaction which is being verified), to verify that it is indeed the legitimate party who issued the instruction and that the bank details furnished also legitimate.

8. Is there a segregation of duties between persons loading and releasing payments, where both are required to check that payment is being made against a suitable authorisation document?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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9. What is the maximum amount of cash and near cash on hand at any one time in a single location?

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10. Is the Proposer paid in cash for goods/services?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

11. How often are cash reconciliations done?

.....

12. Are the bank reconciliations and cash book entries done by the same person?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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10 | COMPUTER SYSTEMS, INPUT AND ACCESS

1. How often are passwords changed?
- | | | | |
|----------------------------------|--|------------------------------------|--|
| Never | | At least once every month | |
| At least once every three months | | Sometimes longer than three months | |
2. How quickly can computer access be revoked for an employee who has left the Proposer's employment?
- | | | | | | | | |
|------------|--|---------------|--|----------------|--|-----------|--|
| On the day | | Within a week | | Within a month | | Unable to | |
|------------|--|---------------|--|----------------|--|-----------|--|
3. Does the Proposer allow employees remote access to the Proposer's main computer facilities?
- | | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|
4. Is remote access granted via secure methods? [i.e Virtual Private Network (VPN) or Multi Factor Authentications (MFA)]
- | | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|
5. Are access controls designed so that users cannot gain access to programs and files which they have not been specifically granted access through a formal procedure?
- | | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|
6. Are all source documents secured in order to prevent unauthorised modification or use of data before entering the computer system?
- | | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|
7. Do personnel inputting data initial, sign or otherwise identify the data they prepare?
- | | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|
8. Are unique passwords used to identify each terminal?
- | | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|
9. Are remote terminals kept in a physically secure location accessible to authorised personnel only?
- | | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|
10. Are terminals restricted to the type of messages that can be sent or received by it?
- | | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|
11. Are special log-on passwords (separate from an individual operator's password) used when logging in a terminal to provide verification of the terminals identity?
- | | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|
12. Does the Proposer encrypt data in transit and at rest?
- | | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|
- (i) If NO, does the Proposer use any cloud-based servers (i.e. Microsoft 365, AZURE, G-suite)?
- | | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|
- (ii) If NO, please provide details, briefly describing the nature of the unprotected information and what security measures are in force to protect this information in the absence of encryption:
13. If the Proposer's data processing is not entirely performed in-house, please provide full details:

14. How often does the Proposer run anti-virus/firewall updates on its computers?
- | | | | |
|---|--|--------------------------------|--|
| They are run automatically as often as they are available | | They are updated occasionally | |
| No specific policy is enforced | | Not known/cannot be determined | |
15. Have the Proposer's employees received awareness training on the risks of opening unsolicited emails or clicking on unknown links?
- | | | | | | |
|--|--|--|--|-----------------------------------|--|
| YES, formal training has been provided | | YES, informal training has been provided | | NO, no training has been provided | |
|--|--|--|--|-----------------------------------|--|
16. Have the Proposer's employees received awareness training on the risks of relying on payment instructions, requests to change banking details and similar instructions over email (i.e. spoofing and/or fake president attacks)?
- | | | | | | |
|--|--|--|--|-----------------------------------|--|
| YES, formal training has been provided | | YES, informal training has been provided | | NO, no training has been provided | |
|--|--|--|--|-----------------------------------|--|
17. Are all the Proposer's devices password protected?
- | | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|
18. Please provide details of the email security technology implemented:

19. Is Multi Factor Authentication implemented in respect of all user accounts? (i.e all admin/privilege accounts, access to critical data, access to backups and remote access)
- | | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

11 | DATA SECURITY

1. DATA SECURITY OFFICER

- (i) Does the Proposer have a designated data security officer, who is responsible for the implementation and administration of data security?
- | | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

If YES:

- (ii) To whom does the data security officer report?
-

- (iii) Is there a written data security manual outlining corporate policy and standards necessary to ensure security of data?
- | | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

2. INTERNAL ELECTRONIC DATA PROCESSING (E.D.P) AUDIT

- (i) Is there an internal E.D.P. audit department?
- | | | | |
|-----|--|----|--|
| YES | | NO | |
|-----|--|----|--|

If NO, please detail how this function is performed:

If YES:

(a) Is there a written E.D.P audit and control procedures manual?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(b) How many people are employed in the E.D.P audit department?

(c) Has the internal E.D.P auditor been specifically trained to fulfil their responsibility in data processing?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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(d) Is there a full continuous audit programme in operation?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, describe on a separate page, the scope of the current audit.

If NO, please provide details:

(e) Are written audit reports made?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, to whom?

If NO, please provide details:

(f) Are the individuals who are responsible for auditing free of all other operational responsibilities?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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12 | SERVICE BUREAU COMPUTER SYSTEMS

1. Does the Proposer utilize any person, partnership or organisation to convert source data to electronic data?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please specify:

(i) The name of the service bureau used:

(ii) The services provided:

2. Have all service bureaux been authorised by written agreement?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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3. Does the Proposer require all service bureaux utilised to obtain separate fidelity insurance?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, for what minimum amount?
.....

4. Does the Proposer provide bureau facilities to others?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please specify:

13 | INDEPENDENT CONTRACTORS

1. Does the Proposer utilise independent contractors?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES,

(i) Please describe the functions performed by the independent contractors:

(ii) Does the Proposer obtain a written agreement from the independent contractors outlining their responsibilities?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(iii) Does the Proposer require all independent contractors to obtain separate fidelity and professional indemnity insurance?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, for what minimum amount?
.....

14 | INTERNET FACILITY/E-COMMERCE

1. Does the Proposer provide anything other than product information on their website?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please provide details:

2. Are there formal terms and conditions in place for the use of the Proposer's internet facility, which outline the obligations and responsibilities of users?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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3. Please advise as to how users are verified and authenticated when using the Proposer's website:

4. Are firewalls and/or comparable software used to authorise access to the Proposer's internet facility?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

5. Does the Proposer monitor and produce reports on unauthorised access activity?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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15 | AUTOMATED CLEARING HOUSE

1. Does the Proposer engage in a system of clearing debits and credits electronically through an automated clearing house?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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2. Does the Proposer use such a system to direct deposits of recurring payments?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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3. Identify the automated clearing house to which the Proposer belongs:

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16 | OTHER EXPOSURES

• "United States of America" and/or "Canada", wheresoever the same shall appear in this proposal form, shall include all and any colonies, dependencies, dominions and protectorates of the United States of America and/or Canada.

1. Does the Proposer have any exposure to, involvement with or funds or entities domiciled in the United States of America/Canada or require any such cover for claims made in the United States of America/Canada or claims first made elsewhere arising out of the Proposers operations in the United States of America/Canada?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, please complete Section 3 page 35 (United States of America/Canada) only of Annexure E.

2. Does the Proposer have any exposure to, involvement with or funds or entities domiciled in the European Economic Area?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, please specify:

3. Does the Proposer have any exposure to, involvement with, investments in or extend credit to any of the following activities:

(i) Thermal coal?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(ii) Oil sands?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(iii) Arctic energy exploration activities?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(iv) Cannabis?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

4. Does the Proposer have any business dealings, clients or any other such exposure in the following regions: Belarus, Cuba, Iran, North Korea, Russia, South Sudan, Sudan, Syria, Venezuela, or Donetsk (DNR) and/or Luhansk (LNR) regions of Ukraine?

YES		NO	
------------	--	-----------	--

If YES, please specify:

17 | COVID 19 IMPACT

1. Commentary on the impact of Covid-19 and the current financial market volatility on the Proposer's income and balance sheet:

2. Advise of any inability of the Proposer to offer services or products as a result of the Covid-19 business disruption (or potential disruption):

3. Confirm that all business controls (including but not limited to transfer controls) are unimpacted by any business disruption (or potential disruption):

UNDERWRITTEN BY THE LICENSED INSURERS:

Certain underwriters at **Lloyd's**

Bryte Insurance Company Limited
 A Fairfax Company
 Co. Reg. No. 1965/006764/06
 FSP (17703)

Compass Insurance Company Limited
 Co. Reg. No. 1994/003010/06
 FSP (12148)

Please complete the annexure/s relevant to the Proposer's business activities:

Business activity:	Annexure:
Banks/Savings and Loans Institutions	Annexure A
Fund/Asset/Investment Management	Annexure B
Underwriting Management Agency and Insurance/Reinsurance Company	Annexure C
Foreign Exchange Dealer/Broker Dealer/Stockbroker	Annexure D
Directors' and Officers' Liability	Annexure E

ANNEXURE A – BANKS/SAVINGS AND LOANS INSTITUTIONS

1 | PROPOSER'S ACTIVITIES

In the last financial year, what is the approximate percentage of the Proposer's total revenue(s) which were derived from the following activities:

Activities:	Decentralised:
Commercial loans:	
- Domestic:	%
- Foreign:	%
Interbank loans:	
- Domestic:	%
- Foreign:	%
Personal loans:	%
Leasing:	%
Trade financing:	%
Barter, countertrade or swap operations:	%
Foreign exchange dealings:	%
Mergers and acquisitions advice:	%
Share placing and new issues:	%
Fund management:	%
Factoring:	%
Venture capital/private equity:	%
Overseas advisory:	%
Stock broking:	%
Trust administration:	%
Life assurance:	%
Short-term insurance:	%
Any other activity (please describe):	%
Total:	%

2 | ACTIVITIES

1. (i) How many flotations has the Proposer undertaken in the last twelve (12) months? List each, indicating the share capital involved:

Company:	Shares placed:	Value:
		Total:

(ii) How many rights issues has the Proposer undertaken in the last twelve (12) months? List each, indicating the share capital involved:

Company:	Shares placed:	Value:
		Total:

2. Does the Proposer undertake trust activities or discretionary account management?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES,

(i) Are all clients' agreements reviewed annually?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(ii) Are all trust/discretionary transactions subject to the same procedures and review as the Proposer's own account transactions?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If NO to any of the above, please provide further details:

(iii) State:

(a) The number of trust/discretionary accounts:

(b) The asset value of the largest managed accounts: R

(iv) How often are financial reports rendered to clients?

(v) Does the Proposer have an "approved" list of investments/securities which can be recommended to clients?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

3. Is the Proposer involved in providing insurance services?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, please complete Annexure C.

4. Is the Proposer involved in fund or investment management activities?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, please complete Annexure B.

3 | ACCOUNT MAINTENANCE (if applicable)

1. When is a cheque or savings account considered dormant/inactive?

2. How are dormant/inactive cheque and savings accounts segregated and controlled?

3. State the maximum amount a teller is authorised to pay in cash in exchange for a withdrawal request or a cheque drawn on the financial institution:

(a) Without the approval of an officer:	R
(b) With the approval of an officer:	R

4. Does the Proposer permit the cashing of cheques or withdrawals against uncollected funds?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
------------	--------------------------	-----------	--------------------------

If YES, please describe under which circumstances the above is permitted and for what amount:

5. Does the Proposer permit cashing of cheques drawn upon other financial institutions?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
------------	--------------------------	-----------	--------------------------

If YES, please describe under which circumstances the above is permitted and for what amount:

4 | LENDING PROCEDURES (IF APPLICABLE)

1. Please provide the rand value and percentage split in respect of the various forms of credit extended by the Proposer based on the Proposer's loan volume derived from each category:

Forms of credit:	Value:	Percentage of loans:
(a) Commercial loans and overdrafts:	R	%
(b) Residential real estate loans:	R	%
(c) Personal loans:	R	%
(d) Leasing:	R	%
(e) Construction loans:	R	%
(f) Development loans:	R	%
(g) Credit card loans:	R	%
(h) Foreign exchange dealings:	R	%
(i) Funds managements:	R	%
(j) Other, please specify:	R	%
Total:	R	100%

2. What is the highest individual loan authority amount for officers who are not on the loan committee or on the board of directors?

.....

3. Are the identities of all signatories independently verified for all collateral agreements, loan authorisations, and notes?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

4. Are all new data and renewal loan applications and accompanying documents required to be signed in the presence of an officer?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If NO, please describe what signature verification methods are used:

5. Are data and collateral involved with the granting of loans, including loan participations, always verified as genuine on new and renewal loans before funds are disbursed?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If NO, please explain what exceptions are made:

5 | PHYSICAL SECURITY

Please provide any agreement in place with the Proposer's private security company responsible for the handling and transportation of cash.

1. State the MAXIMUM value of:

At the:	Bearer or negotiable securities:	Cash, bullion precious stones and similar interest:
(a) Head office:		
(b) Main branches:		
(c) Other locations (please specify):		

2. State the MAXIMUM amount of cash:

At the:	With any cashier:	At the entire counter of any one location:
(a) Head office:		
(b) Main branches:		
(c) Other locations (please specify):		

3. State the MAXIMUM amount of cash and bearer or negotiable securities in transit at any one time:

At the:	By armoured motor vehicles:	By messenger/s:
(a) Cash:		
(b) Bearer or negotiable securities:		

4. Teller positions (if applicable). Please tick the blocks for YES:

	Head office:	Main branches:	Other locations:
(a) Are there alarm systems against robbery?			
(b) Does each teller have a robbery alarm button or pedal?			
(c) Are tellers' positions protected by anti-bandit glass?			
(d) Are tellers' positions separated from the rest of the institution by a suitable partition with doors kept locked during institution hours?			
(e) Is cash in excess of the amounts referred to in question 1, 2 and 3 above, removed immediately to a locked safe, vault or other protected place?			
(f) Are all cashiers' cash holdings taken to safe/vault when vault is closed?			
(g) Are cashiers provided with "bait" or "decoy" money?			

Note: "bait" money consists of currency notes, the denomination, serial numbers and serial years of which have been recorded and verified by a second employee and left in a safe place. Such "bait" money should be given to cashiers to be handed out only in the event of robbery.

5. Transit (if applicable):

(i) **Is the transfer of money and negotiable securities usually made by an armoured motor vehicle?**

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If NO, please explain, how the transfer of money and negotiable securities is usually made:

.....

(ii) **Are the armoured motor vehicle carriers liable for all losses whilst the Proposer's cash and bearer and negotiable securities in transit are in their possessions?**

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, for what minimum amount: R

(iii) **In respect of all other transits:**

(a) How many messengers does the Proposer employ?

(b) Are messengers accompanied by police or armed guards?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(c) Are trips scheduled at irregular intervals and over varying routes?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(d) Is a private conveyancer used?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(e) Does the Proposer provide a messenger service for any customers?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(f) Does the Proposer make up payrolls for customers and deliver them to factories or other premises of customers?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, does the Proposer's responsibility cease immediately on arrival at the customer's premises?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

ANNEXURE B – FUND/ASSET/INVESTMENT MANAGEMENT AND ADMINISTRATION/HEDGE/MUTUAL FUNDS

Please attach the following additional information:

- Prospectus/offering document in respect of each fund.
- Please provide the latest fund fact sheets or details of the latest and historical investment performance of the managed funds.

1 | GENERAL INFORMATION

1. (i) Please advise the role of the Proposer in respect of each fund:

Fund name:	Role of the Proposer:

(ii) In the last financial year, what is the approximate percentage of the Proposer's total revenues which were derived from the following activities?

Activities:	Percentage of revenue:
Fund management:	%
Insurance broking:	%
Stock broking:	%
Advice:	%
Any other activity (describe on a separate page):	%
Total:	100%

2 | FUND INFORMATION

1. State, at the dates indicated:

	Currently or at last date of interim report:	At last year-end:	No. of accounts at present:	Value of largest account at present:
Total funds under:				
> Discretionary management:	R	R		R
> Non-discretionary management:	R	R		R
Gross revenue/turnover/fees:	R	R		R

2. Please provide the following information for any fund for which cover is required:

Fund name:	Fund domicile:	Launch date:	Is the fund a separate legal entity? Y/N	Current year NAV*:	Previous year NAV:

*Net Asset Value

3. Have there been any redemptions in excess of ten percent (10%) in the last year?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, please provide details:

4. Has any fund for which cover is required:

(i) Experienced a drop in excess of thirty percent (30%) of its NAV during any given twelve (12) months?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(ii) Been restructured or is likely to be liquidated or restructured over the next twelve (12) months?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, please provide details:

5. Please provide a territorial split, in percentage terms, of investment in each fund:

Fund name:	South Africa:	UK & Europe:	United States of America/ Canada:	Other (specify):

6. Please provide a split, in percentage terms, of the various funds' investors' domicile:

Fund name:	South Africa:	UK & Europe:	United States of America/ Canada:	Other (specify):

7. Please provide a split, in percentage terms, of the various funds' type of investors:

Fund name:	High net worth individuals:	Institutions:	Fund of fund:

8. Please indicate the investment strategy mix in respect of all managed funds:

Strategy:	Fund name:	Strategy:	Fund name:
Commodities:		Futures and options:	
Fund of hedge funds:		Index:	
Credit:		Infrastructure:	
Currency (Forex):		Macro:	
Emerging markets:		Managed futures:	
Equities (long only):		Money market/cash:	
Equities (long/short):		Multi strategy:	
Equity (market neutral):		Private bank:	
Event driven:		Private equity:	
Exchange traded:		Property:	
Fund of private equity funds:		Venture capital:	
Fixed income:		Fund of funds:	
Other strategy (please specify):			

9. Please advise the maximum level of gearing used as a percentage of NAV for each fund over the last twelve (12) months:

Fund name:	Gearing:

10. Do any investors own directly or beneficially fifteen percent (15%) or more of any of the shares or units in any fund?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, please provide details on a separate page.

11. What is the projected time frame to reach capacity and close?

Fund name:	Anticipated closing date:

12. Does the Proposer provide any advisory services?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES:

(i) Does the Proposer only provide advice on their own products and not on external products?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(ii) Does the Proposer keep adequate records of advice given?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(iii) Are spot checks performed to ensure that the advice given is appropriate and suitable for the Proposer's clients?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(iv) Is suitable financial advice given and are recommendations made according to investors' objectives?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If NO to any of the above, please provide full details:

(v) Are performance guarantees provided to clients?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

3 | ADDITIONAL INFORMATION

1. How does the Proposer communicate with investors?
2. Please advise custodial arrangements:
3. If administration is outsourced, please detail by whom and provide the service level agreements in place between the Proposer and the administrator:

4. Regarding standard client contracts, has a review been undertaken to ensure that no performance guarantees are inadvertently provided?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

5. What is the estimated maximum capacity of assets under management that the Proposer's existing infrastructure will support without the need to change the Proposer's current trading methodology, infrastructure, or staffing levels?

6. With respect to NAVs, please advise:

(i) Frequency of NAV calculation(s):

(ii) Whether NAVs are independently calculated, and by whom?

(iii) If the NAVs are calculated by the Proposer, please explain how these valuations are independently verified:

4 | INVESTMENT PROCEDURES

Please indicate if the following procedures are being followed?

- | | | | | | | |
|--|--|-----|--------------------------|---|----|--------------------------|
| (i) Investment guidelines and investment mandates are adhered to: | <table border="1"><tr><td>YES</td><td><input type="checkbox"/></td></tr></table> | YES | <input type="checkbox"/> | <table border="1"><tr><td>NO</td><td><input type="checkbox"/></td></tr></table> | NO | <input type="checkbox"/> |
| YES | <input type="checkbox"/> | | | | | |
| NO | <input type="checkbox"/> | | | | | |
| (ii) Decisions and executions of transactions are never made when the account manager is absent: | <table border="1"><tr><td>YES</td><td><input type="checkbox"/></td></tr></table> | YES | <input type="checkbox"/> | <table border="1"><tr><td>NO</td><td><input type="checkbox"/></td></tr></table> | NO | <input type="checkbox"/> |
| YES | <input type="checkbox"/> | | | | | |
| NO | <input type="checkbox"/> | | | | | |
| (iii) Any breaches of pre-agreed investment restrictions are recognized and rectified: | <table border="1"><tr><td>YES</td><td><input type="checkbox"/></td></tr></table> | YES | <input type="checkbox"/> | <table border="1"><tr><td>NO</td><td><input type="checkbox"/></td></tr></table> | NO | <input type="checkbox"/> |
| YES | <input type="checkbox"/> | | | | | |
| NO | <input type="checkbox"/> | | | | | |
| (iv) A due diligence process is followed when assessing any investment or investment strategy: | <table border="1"><tr><td>YES</td><td><input type="checkbox"/></td></tr></table> | YES | <input type="checkbox"/> | <table border="1"><tr><td>NO</td><td><input type="checkbox"/></td></tr></table> | NO | <input type="checkbox"/> |
| YES | <input type="checkbox"/> | | | | | |
| NO | <input type="checkbox"/> | | | | | |

If NO to any of the above, please provide full details:

ANNEXURE C – UNDERWRITING MANAGEMENT AGENCY/INSURANCE/REINSURANCE COMPANY

1 | FINANCIAL INFORMATION

1. Please state:

	At last year-end:	At present:
Date:	/ /	/ /
Gross written premium:	R	R
Net insurance claims:	R	R
Total commission:	R	R
Consulting fees or other income (profit commission):	R	R
Loss ratios:	%	%

2. Please state percentage of income derived from:

	At last year-end:	At present:
South Africa:	%	%
Rest of Africa:*	%	%
Rest of world:*	%	%
Total:	100%	100%

*Please provide details on a separate page for business in the rest of Africa and the rest of the world including territorial splits, revenue splits, business activities, etc.

3. Please state class of business together with percentage of total income:

	At last year-end:	At present:
Professional indemnity and specialised liability risks:	%	%
Marine/aviation:	%	%
Motor/personal lines:	%	%
Property:	%	%
Life and pensions:	%	%
Other (please specify on a separate page):	%	%
Total:	100%	100%

4. What is the percentage of business production in the following areas:

Distribution methods:	Percentage:
(a) agents:	%
(b) direct sales:	%
(c) brokers:	%
(d) other, please specify:	%
Total:	%

2 | ACTIVITIES OF PROPOSER

1. Is any director or partner, or any shareholder (as far as the Proposer is aware) also a director, partner or shareholder in:

(a) Any insurance broker or agent?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(b) Any other underwriting agency, pool manager or holder of binding authority?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(c) Any of the insurers subscribing to the agency, pool or authority?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, please provide details on a separate page.

2. Does any director/partner or employee of the Proposer also act as an insurance broker or agent for the Proposer?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, please provide details:

3. Is the Proposer responsible for the:

(a) Investment of premiums?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

(b) Reinsurance programme protecting the underwriting account?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

4. Does the Proposer undertake any other duties (e.g. loss adjusting) for which cover is required?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, please provide details:

5. Does the Proposer participate in "fronting" arrangements?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

6. If the Proposer is an underwriting management agency, please advise the:

(a) Name of Insurers for whom the Proposer acts:

(b) Maximum limit/sum insured: R

7. Please advise with whom the Proposer has binder holder agreements in place:

Binder agreements:

8. Has the Proposer entered into any new classes of business in the past three (3) years?

YES		NO	
------------	--	-----------	--

If YES, please provide details:

9. Are the duties of each employee arranged so that no one employee is permitted to control any transaction from commencement to completion without referral to others?

YES		NO	
------------	--	-----------	--

10. Does the Proposer use agents or third-party administrators to negotiate and settle claims?

YES		NO	
------------	--	-----------	--

If YES:

(a) **Name of third-party administrator/s:**

(b) **What is the maximum authority?**

11. Does the Proposer operate a formal underwriting manual covering all classes of insurance business written?

YES		NO	
------------	--	-----------	--

12. Are those designated to receive premium operationally segregated from the day-to-day handling of business?

YES		NO	
------------	--	-----------	--

13. Is responsibility for claims inspections and settlement segregated from underwriting?

YES		NO	
------------	--	-----------	--

14. Are claims payments agreed to by at least two authorised staff?

YES		NO	
------------	--	-----------	--

If NO to any of the above controls, please describe, on a separate page, the alternative controls in place.

ANNEXURE D – FOREIGN EXCHANGE DEALER/BROKER DEALER/STOCKBROKER

1. Please state the percentage of the Proposer's accounts held by:

Type:	Percentage:
Individuals:	%
Corporates:	%
Institutional:	%
Other (please specify):	%
Total:	100%

2. Does the Proposer offer any services related to cryptocurrency?

YES		NO	
------------	--	-----------	--

If YES, please provide details:

What percentage of revenue is generated from cryptocurrency related activities? %

3. Are there defined and communicated formal trading policies and dealing limits?

YES		NO	
------------	--	-----------	--

4. Are trading positions reviewed for compliance with formal trading policies and investment mandates?

YES		NO	
------------	--	-----------	--

If YES, at what frequency:

5. Please state the frequency and method of communication with customers:

6. Are accounts of trades which exceed set limits identified or rectified or referred to senior management for immediate action?

YES		NO	
------------	--	-----------	--

7. Are anomalies identified or rectified or referred to senior management for immediate action?

YES		NO	
------------	--	-----------	--

8. Are transaction limits imposed on employees?

YES		NO	
------------	--	-----------	--

If YES, what are the limits:

10. Can traders trade at home or from remote locations?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, describe the controls in place in this regard:

11. Do trade counterparties receive authorised confirmation of all deals prior to settlement?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

12. Are responsibilities for investment decisions segregated from accounting activities and custodial responsibilities?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

13. List the Proposer's membership to all stock exchanges and trading markets:

.....

14. Are client instructions recorded upon receipt?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

15. Are all trading conversations recorded?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

16. Are client instructions time-stamped?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

17. Are procedures adopted to ensure that all client instructions have subsequently been processed?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

18. Are appropriate client agreements, setting out the scope of work, in force?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

19. In respect of prospectus/offering documents, what process is undertaken to ensure full risk disclosure?

20. Are records maintained of all unfulfilled instructions?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

21. What review procedures are adopted, and by whom, to ensure employee transactions comply with internal rules and controls?

22. Are all open balances, of any nature, reconciled and checked against stock exchange accounts?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

23. Does the company have direct market access (DMA) to the JSE?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

24. Please state the percentage of revenue generated from:

Trading method:	Percentage:
Automated trading methods:	%
Algorithmic trading methods:	%
High frequency trading:	%
Non-algorithmic trading methods:	%
Total:	100%

25. Approximately what percentage of total loaded orders are never executed:

.....

26. Are periodic reviews carried out during the trading day?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

27. Are access restrictions in place for "after hours" trading?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

28. What is the frequency and effectiveness of the reconciliation of trading records?

29. What methods are used to track employee accounts?

30. What methods are in place to track/identify unusual trading activity for customers?

31. What physical access controls are in place to restrict access to trading platforms and terminals?

ANNEXURE E – DIRECTORS’ AND OFFICERS’ LIABILITY

1 | GENERAL INFORMATION

1. If the shares of the Proposer or subsidiaries are publicly traded, on which stock exchange(s) are they listed?

.....

2. If the Proposer has any shares in any American Depository Receipt (ADR) programme please give details:

.....

If YES, what level ADR is held?

.....

3. How many shares are owned directly, indirectly or beneficially by the directors and officers?

.....

4. Has the Proposer announced within the last twenty-four (24) months any intention, or are there imminent plans, to consolidate or merge with another entity?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, please give details:

.....

5. Has the Proposer sold or distributed any stocks or assets outside the normal course of business during the last twenty-four (24) months:

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, please give details:

.....

2 | OUTSIDE DIRECTORSHIP

1. Does any director or officer of the Proposer sit on any outside boards/s at the behest of the Proposer?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

2. Is cover required for such outside board positions?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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If YES, please provide the following additional information:

Name of relevant director:	Company board:	Nature of business:	Is the company liquid and solvent? Y/N	Is the company a South African entity? Y/N	Does each outside directorship have their own insurance? Y/N	If YES, please provide the limit:

3 | UNITED STATES OF AMERICA/CANADA

If cover is required for claims first made in the United States of America/Canada or claims first made elsewhere arising out of the company's operations in the United States of America/Canada, please complete this section.

1. Please provide the total gross assets of the group in the United States of America/Canada: \$

2. Please list the business operations of the Proposer's which have exposure in the United States of America/Canada:

Business activity/operation:	Country of exposure:	Revenue percentage split:	Business percentage split:
		%	%
		%	%
		%	%
		%	%

3. Please list those subsidiaries in the United States of America/Canada together with the Proposer's percentage interest in each:

Name of subsidiary:	Country of incorporation:	Percentage owned:
		%
		%
		%
		%

4. Does the Proposer or any of its subsidiaries have any stock, shares or debentures issued in the United States of America/Canada?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES:

(i) On what date was the last offer/tender/issue made?

(ii) Was the offer subject to the United States Securities Act of 1933 and/or the Securities Exchange Act of 1935 and/or any amendment thereto?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

5. Does the Proposer, or any of its subsidiaries, have any debt instruments or commercial paper in the United States of America/Canada?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If YES, please provide reasons:

6. Does the Proposer comply fully with the Sarbanes-Oxley Act of 2002?

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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7. Please provide a copy of the last 20-F filing made to the USA regulatory authorities.



Financial Institutions Proposal Form

Declaration:

Proposer

I, the undersigned, hereby confirm that I am duly authorised to and do give consent to the use of information as set out above.

I also hereby declare that I am authorised to complete this proposal on behalf of the Proposer. I undertake to inform the Insurer of any material alteration or addition to these statements or particulars which occurs before the commencement of the period of insurance. It is hereby acknowledged and agreed that the terms, conditions, limitations and exclusions of the policy may be subject to alteration at any time prior to the commencement of the period of insurance should any such material alterations or additions arise. The signing of this proposal does not bind neither the Insurer to offer nor the Proposer to accept the insurance.

Privacy Statement

I/We consent to Camargue Underwriting Managers processing my/our personal information as per the Privacy Statement which may be accessed here: <https://www.camargueum.co.za/legal>.

.....
Name:

.....
Position:

.....
Signature:

.....
Date: DD/MM/YYYY

BROKER DETAILS

Brokerage:
.....

Email:
.....

Contact person:
.....

Contact No.:
.....

AUTHORISED FINANCIAL SERVICES PROVIDER, LICENCE NUMBER: 6344. APPROVED LLOYD'S COVERHOLDER PIN: 107824DRW
Camargue Underwriting Managers (Pty) Ltd. Co. Reg. No. 2000/028098/07.
33 Glenhove Road, Melrose Estate, 2196. Telephone: 011 778 9140, E-mail: camargue@camargueum.co.za, Website: www.camargueum.co.za.

UNDERWRITTEN BY THE LICENSED INSURERS:

Certain underwriters at **Lloyd's**

Bryte Insurance Company Limited
A Fairfax Company
Co. Reg. No. 1965/006764/06
FSP (17703)

Compass Insurance Company Limited
Co. Reg. No. 1994/003010/06
FSP (12148)

