



DIRECTORS & OFFICERS LIABILITY INSURANCE

PROPOSAL FORM

Please complete and enclose with this Proposal Form:

- A. The last two audited Annual Reports for the Company
- B. If listed, the last two interim Statements
- C. Any Offering/Capital Raising Documents/Listing Particulars published and/or released within the past 12 months

1. Full Name and Legal Entity of Company

2. Address of Head Office

3. Country of Registration _____
Registration Number and VAT Number _____

4. a) How long has the Company continuously carried on business? _____
b) Describe business activities of the Company and its subsidiaries? _____

5. During the last Three years has:

a) The name of the Parent Company Changed? _____ Yes No

b) Any M&A taken place? _____ Yes No

c) Any subsidiary company been sold or ceased trading? _____ Yes No

d) The capital structure of the Parent Company Changed? _____ Yes No

If 'yes' to any of the above points, please describe in a separate attachment.

6.

a) Has the Company any M&A or tender offer under consideration? _____ Yes No

b) Is the Company intending a new public offering of securities/capital raising exercise within the next year? Yes No

7. Is the Company:

a) Private or Public? _____ Yes No

b) Listed on the BSE? _____ Yes No

c) Listed on foreign stock exchanges? _____ Yes No

If 'yes' please specify country, stock exchange and type of listing.

d) Traded in any other way? _____ Yes No

8. Please List:

a) Total number of Shareholders _____

b) Total number of shares issued _____

c) Any shareholding in excess of 20% or more of the Ordinary Share Capital of the Company. Please provide details of each-names/percentages.

9. Do any Management, Officers or Employees hold any of the following:

a) Outside Board Positions (i.e. sit on any non-subsidiary company boards)

_____ Yes No

b) If yes, is coverage for such position required? _____ Yes No

c) Were these appointments at the written behest of the Company? _____ Yes No

(If 'no' please note that cover may not be automatic for these appointments)

d) If Yes, please give details:

Name of Organization

Directors Name

10. Does the Company or any Director or Officer have Directors & Officers Liability Insurance currently in force? _____ Yes No

If 'yes' please state the name of the insurer, limit and expiry date of the policy period:

11. Has the Company ever had any Insurer decline a proposal or cancel or refuse to renew a Directors & Officers Liability Insurance currently in force? _____ Yes No

If 'yes' please give details _____

12. Has the Company changed its external auditing firm in the past three years? _____

Yes No

If 'yes' why? _____

13. Does the Company have any plans to remove or replace its external auditor in the next 12 months? _____ Yes No

If 'yes' why? _____

14. Have all revenue recognition/share options and accounting practices been approved by external auditor? _____ Yes No

If 'no' please provide details? _____

15. Has the company ever restated its financial results or do they anticipate restating them?

_____ Yes No

If 'yes' please provide details as to when and how this was conveyed to the shareholder

16. Does the Company anticipate having to take a significant once off charge to earnings, or a restatement of earnings, within the next 12 months? _____ Yes No

If 'yes' please provide details _____

17. Does the Company have corporate policies with respect to Directors', Officers' and employees' ability to purchase or sell the company's shares, including the ability to exercise share options? _____ Yes No

If 'yes' how often are these policies reviewed and circulated? Who monitors compliance?

CLAIMS

The following claim questions must be completed. Non-disclosure of claims and or circumstances will prejudice the entire policy.

18. Have claims ever been made against any past or present Director or Officer of the Company or its subsidiaries? _____ Yes No

If 'yes' please provide full details including circumstance and outcome.

19. Is the Proposer aware, after full enquiry, of any circumstances or any incident which may currently give rise to a claim? _____ Yes No

If 'yes' please provide full details.

Indemnity Limit

20. Amount of Indemnity required: Please State amount: P _____

DECLARATION

I/We hereby declare that the above statements and particulars contained in Proposal are true and complete, that at the present time, other than as stated, I/ We have no reason to anticipate any claim under the insurance now being requested. I/ We agree that this Proposal and declaration shall be the basis of the contract between me/us and the Insurers.

Date _____

Title _____

Company & Company Stamp _____

Signature Of Proposer _____