

<p>8.a) Please give the total annual gross fees received in each of the last three financial years.</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 40%;">Botswana</th> <th style="width: 50%;">Overseas</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">2</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">2</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Botswana	Overseas	2			2			2					
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<p>b) Estimate for the next financial year: c) Date of the proposer's financial year end: d) Largest annual fee from one client:</p>																
<p>9. Does the Proposer do any business for clients in the USA, Canada or Australia? YES/NO</p> <p>If yes, how many visits have been made to the USA, Canada or Australia in the last 12 months?:</p>																
<p>10. Is the Proposer currently insured? YES/NO</p> <p>If yes,</p> <table style="width: 100%;"> <tr> <td style="width: 80%;">a) Name of current Insurers</td> <td style="width: 20%;">:</td> </tr> <tr> <td>b) Limit of Indemnity</td> <td>:</td> </tr> <tr> <td>c) Excess</td> <td>:</td> </tr> </table>		a) Name of current Insurers	:	b) Limit of Indemnity	:	c) Excess	:									
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c) Excess	:															
<p>11. Has any Insurer ever, in respect of the Proposer, its Directors/Partners/Principals:</p> <table style="width: 100%;"> <tr> <td style="width: 80%;">a) Declined to Insure?</td> <td style="width: 20%;">YES/NO</td> </tr> <tr> <td>b) Imposed special terms?</td> <td>YES/NO</td> </tr> <tr> <td>c) Cancelled or avoided a policy?</td> <td>YES/NO</td> </tr> </table> <p>If yes, please give full details.</p>		a) Declined to Insure?	YES/NO	b) Imposed special terms?	YES/NO	c) Cancelled or avoided a policy?	YES/NO									
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<p>12. Have any claims for professional negligence, error or omission ever been made against the Proposer or its Directors/Partners/Principals/Employees? YES/NO</p> <p>If yes, please give full details.</p>																
<p>13. Are any of the Directors/Partners/Principals/Employees, AFTER ENQUIRY, aware of any circumstances which could give rise to a claim against the Proposer or any of is Directors/Partners/Principals/Employees? YES/NO</p> <p>If yes, please give full details.</p>																
<p>14. Please advise what limit of indemnity you require.</p> <table style="width: 100%;"> <tr> <td style="width: 80%;">Professional Indemnity</td> <td style="width: 20%;">: P</td> </tr> <tr> <td>Misappropriation of Clients Trust Funds</td> <td>: P</td> </tr> <tr> <td>Loss of Documents</td> <td>: P</td> </tr> </table>		Professional Indemnity	: P	Misappropriation of Clients Trust Funds	: P	Loss of Documents	: P									
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IMPORTANT NOTICE CONCERNING DISCLOSURE

It is your duty to disclose all material facts to Insurers. A material fact is one that is likely to influence a prudent Insurer's judgement. FAILURE TO DISCLOSE could prejudice your rights to indemnity in the event of a claim or cause Insurers to avoid your Policy.

I/We declare that the statements and particulars in this Proposal are true and that I/We have not mis-stated or suppressed any material facts. I/We agree that this Proposal, together with another information supplied by me/us, shall form the basis of any contract of Insurance effected.

Date

For and on behalf of (Name of Proposer)

Signature of Director/Principal/Partner

Name of Signatory