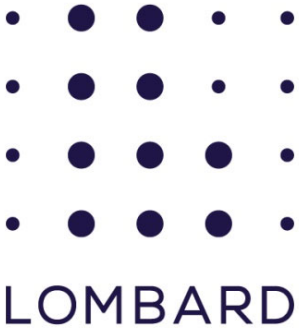

LEPPARD

Proposal Form

Underwritten by Lombard Insurance Company Limited,
an Authorised Financial Services Provider (FSP 1596).

The Conservatory, Cnr Baker St & Keyes Ave, Rosebank, Johannesburg | www.leppard.co.za | Tel: +27 11 459 1640

FSP No: 274

CRIME AND CIVIL LIABILITY
PROPOSAL FORM

We are your Underwriting Manager:

Leppard & Associates (Pty) Ltd

The Conservatory
Cnr Baker St & Keyes Ave
Rosebank 2196
Johannesburg
South Africa
Registration No. 1991/002788/07
Vat No. 4270124466
FSB Licence No. 274

PO Box 2730
Houghton
2041

Telephone No. +27 11 459 1640
Website: www.leppard.co.za
E-mail: pi@leppard.co.za

We are your Insurers:

Lombard Insurance Company Limited
4th Floor, 22 Wellington Road, Parktown 2193, Johannesburg

- For the assessment of your risk exposure and to obtain a fair premium quotation, reflecting your risk profile, please fully complete each question as accurately as possible
- To avoid any delay with your quote, please answer all the following questions with: **Relevant details, "YES" "NO" or NIL**
- Please ensure that you complete the current year's Proposal Form. Completion of the form does not bind the Proposer or Insurers to complete the Insurance transaction
- Any change in risk or claim or claim circumstance occurring between the date of this proposal and the renewal or inception date of the policy must be advised to Underwriters.
- If this proposal is being completed for the renewal of an existing Leppard and Associates (Pty) Ltd policy, please remember that cover lapses automatically at midnight on the last day of your expiring policy, unless a written extension is requested and has been granted from Underwriters or renewal terms have been accepted by you in writing.

Claims Made Policy means:

- Cover is in respect of claims made against you or circumstances that you become aware of that may give rise to a claim on or after the retroactive date and advised by you to Insurers as soon as practicable
- The retroactive date is the date inserted into the policy in terms of which claims arising out of work done prior to this date are excluded from cover

1. **Name of Firm** (Your legal entity – please be accurate – to be used on your policy contract)

……

……

2. **FSP Number** if applicable ……

3. Are you a **Juristic Representative** of an FSP?

   If YES, please provide the full FSP Name and Number

……

4. Postal Address

……

5. Physical Address of Principal Firm | Office

……

……

6. **Website:** ……

7. Telephone Number

……

8. E-Mail Address

……

9. Company Registration Number

……

10. VAT Number

……

11. Date of Commencement of Firm

……

12. Type of organization

……

13. Has there been any changes to the structure of the firm either by merger, acquisition or other in the past 12 months, please provide details

……

14. **Subsidiary Firms and Offices information**

Office/branch	Subsidiary Name	Percentage shareholding	Country domiciled	Description of business	Date established

15. Majority shareholding: ……

16. **Are you a listed entity and if so please provide stock exchanges where listed:**

……

17. **Professional Bodies** (please provide details of your membership of any Professional or Regulatory Bodies)

……

18. **Please provide a detailed breakdown of activities and percentage of total revenue derived from each activities**

Activities	% of total revenue

19. **Has the firm provided or is intending to provide new services in the last 12 months or next 12 months, if so please provide details** Yes/No

……

20. **Your work outside the Republic of South Africa**

Do you undertake any work in territories outside South Africa? Yes/No

If YES, please advise:

Country	% of total revenue

MATERIAL CHANGES

21. **Your business / constitution of the practice**

Have there been any material changes or are any material changes planned in respect of the business or constitution? If YES, please advise full details: Yes/No

……

……

YOUR STAFF RESOURCES AND SKILLS

22. **Employee information**

Number of employees having responsibility for money stock and/or accounts ……

Number of employees not having responsibility for money stock and/or accounts …….

Total……

23. Please state the number of employees that work outside of South Africa including the country

Number of employees	Geographical location

24. Directors/Partners/Principles/Key Individuals: Names Academic qualifications and experience (this and previous firms)

Name	Qualification University Institution	Date Qualified	Number of years insurance experience

Sanctions

No indemnity may be granted by Insurers in respect of any services provided by You in a SANCTIONED TERRITORY or to a SANCTIONED PERSON as listed by the United Nations, the United Kingdom, or United States of America

YOUR CLAIMS HISTORY

25. Your current / previous Crime and Civil Liability claims (Including standalone professional indemnity and or Commercial Crime)

25.1 Have you during the past five years had a claim made against yourself for damages whether insured or not, arising out of activities and or services you have performed? Yes/No

25.2 Are there any claims against You which were made against You earlier than 5 years ago AND which are presently ongoing in terms of investigation or litigation AND whether you were insured or uninsured? Yes/No

25.3 Are You aware, AFTER ENQUIRY, of any circumstances that may give rise to a claim being made against you for damages, whether insured or not, arising out of activities and or services you performed? Yes/No

25.4 Has any current or past Employe been detected, suspected or convicted of any misappropraition of money or property belonging to You or Third Party? Yes/No

REGULATORY ENQUIRIES

26. To which regulatory authorities is the firm accountable to:

……

27. Are you licensed and compliant with all legislation regulating the business Yes/No

28. Have you been subject to any Regulatory Enquiries including the Ombudsmen, Registrars, FSCA or other? If YES, please advise full details: Yes/No

……

29. Does the proposer have any contract in place with its service providers, which contractually limits the service providers' liability or limits or waives the proposer's right of recourse?

……

YOUR INSURANCE HISTORY

30. Your current | previous insurance

27.1 Are you currently insured? Yes/No

If YES and in order for us to provide continuity of insurance cover and to maintain Your Retroactive Date, please provide a copy of your current policy schedule or certificate?

27.2 Are the premiums on your existing or expiry policy paid up to date? Yes/No

In respect of your Professional Indemnity and General Public Liability covers, has any Insurer ever:

27.3 Declined to provide you or any of your principals an insurance policy? Yes/No

27.4 Imposed special terms? Yes/No

27.5 Cancelled an insurance policy? Yes/No

If YES to any of the above, please advise full details:

……

……

Yes/No

COVER YOU REQUIRE

31. Your quotations required

28.1 Limit of Indemnity options inclusive of costs and expenses

R …… R …… R ……

28.2 If you are NOT currently insured do you require cover in respect of liability incurred but not discovered prior to the effecting of this insurance (retroactive cover) at an additional premium? Yes/No

If YES, kindly indicate the number of years (maximum three years)……

RISK MANAGEMENT

The purpose of this section is to obtain confirmation of your risk management protocols but also to provide you positive feedback regarding important business management to prevent claims against you and to Protect Your Reputation.

Please also note that your policy coverage refers to the need for risk management and in certain circumstances, the failure to do so may prejudice your coverage.

Basic Risk Management means a record, implementation and continuous monitoring of proper internal procedures to mitigate risk. We want to know if you have implemented the following

32. General Risk Management

29.1 Do You keep a record of all communication to Your Customers about identifying and confirming unisured risks and exposures which includes Your Customer's decision not to insure such risks and exposures (Applicable to shortterm brokers)? Yes/No

29.2 Do You keep a record of all communication about Your Customer's needs and exposures including instructions from You to any Insurer? Yes/No

29.3 **Record of Advice** - Do You Record in writing or electronically any renewal discussion advice provided and communicated to Your Customer? Yes/No

27.4 Do You have a written mandate in place for each client? Yes/No

27.5 Do You do **a Needs Analysis** with each client? Yes/No

27.6 Do You have a formal renewal process with dated reminders to Your Customer? Yes/No

27.6 Do you require all Directors and Employees to declare their outside business interests and specify relationships which could lead to possible conflicts of interest? Yes/No

27.6 Are the duties of each Employee arranged so that no one Employee is permitted to control any transaction from commencement to completion? If NO, please explain. Yes/No

33. Cyber Third-Party Liability

28.1 Do You establish the identity, authenticity and authority of any person sending You instructions? Yes/No

28.2	Do you confirm that the banking detail from or to which funds are transferred are authentic and belong to the sending or receiving party?	Yes/No
28.3	Do you ensure an absolute non-acceptance of telephonic instructions to alter banking, personal, email, telephone, or similar detail?	Yes/No
28.4	Do you verify that any email instructions match and are identical to the applicable Records You hold??	Yes/No
28.5	Do you protect your computer, data, and electronic systems with	
28.5.1	up to date security and security patches?	Yes/No
28.5.2	data backup protocols in separate secure locations?	Yes/No
28.5.3	authentication processes to allow only trusted connections ?	Yes/No
28.5.4	external firewalls to prevent external access?	Yes/No
28.5.5	password and access policy to maintain security and prevent unauthorised access?	Yes/No

34. Fidelity Own Money | Third Party Property and Money

29.1	Are criminal and credit checks performed on new Employees during the policy period?	Yes/No
29.2	Do you have an enforced leave policy in place with a minimum of five consecutive days in a calendar year?	Yes/No
29.3	Is there a segregation of duties and dual authority with regards to processing, loading releasing and authorising payments and electronic funds transfer?	Yes/No
29.4	Are the payee's and/or beneficiaries' details on electronic funds transfers verified against that of the accountholder?	Yes/No
29.5	Do you have procedures in place to control the creation of new payees and / beneficiaries and changes to existing payees and / or beneficiaries including the telephonic confirmation of bank details and recording thereof?	Yes/No
29.6	Are all bank tokens and access to bank account cancelled on termination of employment of an employee?	Yes/No

MATERIAL INFORMATION

This form has prompted you to provide certain information. There may be additional material information which is specific to your business profile and which has not been provided above. This material information should be declared to us separately.

Material information means any information which might influence our judgment in accepting your risk. If you wilfully suppress or conceal or fail to disclose material information this could affect indemnity. Disclosing information will also allow us to assess your risk positively which could lead to significantly improved policy terms.

YOUR DECLARATION

I/we hereby declare that the above statements and particulars are true and complete and that at the present time, other than as stated above, I/we have no reason to anticipate any claim being brought against me/us that would constitute a claim under the insurance now being requested.

I/we agree that this proposal and declaration, together with any other material information supplied by me/us shall be the basis of the contract between me/us and Insurers. I/we undertake to inform Insurers at all times of any material changes to the risk including material changes between the date of signing this Proposal Form and the date of acceptance of the risk or the date of commencement of the Policy whichever occurs last.

…… ……

Authorised signatory of the Proposer **Full name of signatory**

…… ……

Position in Firm **Date**

ANNEXURE A: CAT I - Financial Intermediary

This set of questions are intended to bring definition and clarity to the scope of activity undertaken. Your input in clarifying your activity will significantly enhance the understanding of your exposures. In providing your answers additional information may be pertinent. This information should be added as appropriate.

1. **As per your FSP Licence**: Number of

   Key Individuals……. Representatives ……

   Administration and Others …… Total ……

2. **Key Individuals: Names Academic qualifications and experience (this and previous firms)**

Name	Qualification University Institution	Date Qualified	Number of years insurance experience

3. Business description (please be accurate – your policy contract is based on this information

   ……

4. Should you be a licence holder for both CAT I and CAT II activities please provide the percentage split with how much revenue is derived from CAT I activities and CAT II activities

Licence Category	Activities as a percentage of revenue
CAT I	
CAT II	
CAT IIA	
CAT II 21 (Crypto Assets)	
CAT III	

5. Your activities in providing Your Services for which You are FSCA registered, what is the split of the work you perform. **Please provide percentages as precisely as possible to ensure an accurate risk exposure assessment.** Total to equal 100%

SHORT TERM	
i. Personal Lines	%
ii. GAP Cover	%
iii. Funeral Cover	%
iv. Commercial | Multiperil (Multimark)	%
v. F & I Risks - Applicable to Motor Dealerships (Scratch & Dent; Warranty Policies, Credit Shortfall, Credit Life etc.)	%
vi. Agriculture and Farming	%
vii. Corporate, Assets All Risks	%
viii. Professional Indemnity (PI) | Liability	%

ix. Bankers Blanket Bond (BBB)	%
x. Commercial Crime	%
xi. Construction and Engineering All Risks | Single Projects	%
xii. Marine - Please complete the supplementary questionnaire	%
xiii. Aviation - Please complete the supplementary questionnaire	%
xiv. Guarantees, Court and Bonds	%
LONG TERM AND FINANCIAL ADVISORY AND MANAGEMENT	
xv. Employee Risk Benefits	%
xvi. Company Pension and Healthcare Consulting and Advisory	%
xvii. Life Products	%
xviii. Medical Aid Products	%
xix. Health Products (Hospital Plan)	%
xx. Retirement and Health Administration, Actuarial	%
xxi. Financial Planning, Investment Consulting and Advice	%
xxii. Incidental Tax Advice	%
xxiii. Property Syndication	%
xxiv. Fund and Asset Management – Please complete the supplementary questionnaire	%
xxv. Reinsurance and Alternative (ART)	%
Total	**100%**
Are you involved in the following activities Deceased Estates – Executor | Executrix, Wills andTestaments, Inter-vivo and Testamentary Trusts?	YES | NO

6. Marine and Aviation Questions (if applicable)

Marine	
Number of years' experience in this field	
Maximum Value | Sum Insured any one policy on your books	
Average number of policies written annually	
Please provide a percentage split for the activities below	
Small | Light Craft	%
Goods in Transit (In SA Only)	%
Marine Cargo (SA Only)	%
Marine Cargo (International)	%
Stock Throughput	%
Commercial Hull	%
Other – Please specify	%
	100%
Aviation	
Number of years' experience in this field	
Maximum Value | Sum Insured any one policy on your books	

Average number of policies written annually	
Please provide a percentage split for the activities below	
Private Aircraft (Light Sport Aircraft | Small Experimental Kit Aircraft | Microlights | Gyrocopters)	%
Commercial | Corporate Aircraft (Microjets | Cargo | Charter)	%
Helicopters (Private Operators | Lite Aircraft)	%
Drone	%
Other – Please specify	%
	100%

1. Outsourced Agreements (if applicable)

Please complete a questionnaire for EACH Outsource Agreement

1.1 List the Insurer.

……

1.2 List the classes of business.

……

1.3 Is the Outsource Agreements in writing and signed by

1. 3.1 The authorised | mandated signatories on behalf of your brokerage Yes/No

1. 3.2 The authorised | mandated signatories on behalf of the relevant Insurer Yes/No

If either of the above has been answered no, please provide FULL and DETAILED reasons.

……

1.4 Are the contractual requirements for each Outsource Agreement set out in accordance with Prudential Standard GO15? If no, please provide DETAILED reasons.

……

1.5 What is the maximum limit authorised under this Outsource Agreement?

……

1.6 Have you contractually limited your liability to the subscribing Insurer? Yes/No

If yes, please provide the total maximum R-Value.

……

1.7 Do you delegate any activities under this Outsource Agreement to any other party? Yes/No

If yes, please provide FULL details.

……

1.8 Do you have a claims settlement authority for this Insurer? Yes/No

If yes, please provide the maximum settlement limit.

……

1.9 Do you place reinsurance in respect of this Outsource Agreement? Yes/No

1.10 Have there been ANY claims | notifications | circumstances notified in relation to this Outsource Agreement? If yes, please provide FULL details. Yes/No

……

1.11 Have there been any material changes in respect of this Outsource Agreement in the past twelve months? If yes, please provide details. Yes/No

……

……

1.12 Are there any material changes in respect of this Outsource Agreement planned in the next twelve months? If yes, please provide details. Yes/No

……

……

1.13 Do you undertake any work in respect of this Outsource Agreement outside of South Africa? Yes/No

If yes, please list the countries.

……

1.13.1 Select one. Is this Outsource Agreement?

1.13.2 Non-discretionary with no deviation from the Outsource Agreement in respect of the type of risk, the rates, the period of insurance or the policy wording applicable, as specified in the Outsource Agreement.

1.13.3 Non-discretionary with no deviation from the Outsource Agreement in respect of the type of risk, the period of insurance or policy wording applicable but with a limited amount of deviation permissible to the extent of discounts or loadings specifically outlined within the Outsource Agreement.

1.13.4 Non-discretionary with no deviation from the from the Outsource Agreement in respect of the type of risk and wording applicable but deviation permissible in respect of the period of insurance or non-specified discounts or loadings.

1.13.5 Discretionary Outsource Agreement with no limits in respect of the type of risk, ratings, wording, or the period of insurance.

ANNEXURE B: CAT II - FUND or ASSET MANAGER SUPPLEMENTARY QUESTIONS

This set of questions are intended to bring definition and clarity to the scope of activity undertaken. Your input in clarifying your activity will significantly enhance the understanding of your exposures. In providing your answers additional information may be pertinent. This information should be added as appropriate.

Please provide your fund fact sheets

1. Should you be a licence holder for both CAT I and CAT II activities please provide the percentage split with how much revenue is derived from CAT I activities and CAT II activities

Licence Category	Activities as a percentage of revenue
CAT I	
CAT II	
CAT IIA	
CAT II 21 (Crypto Assets)	
CAT III	

2. FUNDS TRANSFER INSTRUCTIONS & AUTHENTICATION

2.1 Do you make use of a linked investment service provider (LISP)? If YES, please list them. Yes/No

……

……

……

2.2 Does the investor **deposit** funds directly to the LISP? IF NO, please explain. Yes/No

……

……

……

2.3 Are **withdrawals** paid directly by the LISP to the investor? IF NO, please explain. Yes/No

……

……

……

2.4 How are investors withdrawal instructions (fax, email or otherwise) recorded and authenticated?

……

……

……

3. INVESTMENT STATEMENTS

3.1 Do your investors receive automated investment statements via the LISP? If NO please explain what system/process is used to create the investment statements and what checks and balances are in place to ensure the integrity of the information being disseminated to clients? Yes/No

……

……

……

3.2 How often are investment statements issued to investors? i.e. Daily / Monthly / Annually

3.3 Who submits the investment statements to the investors, if not via the LISP?

……

……

4. ASSET/FUND MANAGEMENT/ADMINISTRATION

4.1 Do you have bespoke or white labelled (broker fund) investment products? If YES please provide a full description of the product and include confirmation of the underlying assets. Yes/No

……

……

……

4.2 Who manages the investment in these products? i.e. answer 4.2.(a) OR 4.2.(b) below.

4.4.2.(a) If you do please confirm how you do the analysis and determine the blend of the fund?

……

……

……

4.4.2.(b) If you do not please confirm who does this work and specifically how you contract with, monitor or manage the performance of the relevant party.

……

……

……

4.3 Please provide the following Fund values:

Total Third Party Funds Under Management	As at last financial year end	As at current/last date of interim report
Discretionary Management	R	R
Non-Discretionary Management	R	R
Administration	R	R

4.4 Names of all Fund Managers, length of service, specific responsibilities and personal qualifications:

Name	Length of Service	Responsibilities	Qualifications

4.5 Complete / Provide a Fact Sheet for each Fund:

Fund Name (Own Managed Fund)	Fund Size
	R
	R
	R
	R

4.6 Describe the investment strategies of each fund:

……

……

4.7 Comment of financial performance of each fund

……

……

4.8 Maximum leverage outlined in the prospectus of each fund

……

……

4.9 Please provide the split between retail, intuitional and high net worth investors

……

4.10 Domiciled of investors

……

4.11 Please advise who the following advisors are

4.11.1 Administrators ……

4.11.2 prime broker ……..

4.11.3 Any other professional advisors ……

4.12 Does the Proposer currently maintain a manual containing a written investment policy Yes/No

4.13	Are trading transactions and positions reviewed for compliance with a formal trading policies manual?	Yes/No
4.14	Are accounts of trades which exceed set limits identified or rectified or referred to senior management for immediate action?	Yes/No
4.15	Do counterparties receive authorised confirmation for all deals prior to settlement?	Yes/No
4.16	Are responsibilities for investment decisions segregated from accounting activities and custodial responsibilities?	Yes/No

ANNEXURE C: Insurance Companies/ UMA's

This set of questions are intended to bring definition and clarity to the scope of activity undertaken. Your input in clarifying your activity will significantly enhance the understanding of your exposures. In providing your answers additional information may be pertinent. This information should be added as appropriate.

1 Please provide the following information

	Current year end	Last year end	Previous year end
Gross Written Premium			
Net Written Premium			
Total commissions/fee/remuneration			
Total profit commissions or equivalent			
Number of policy holders			
Net Insurance Claims			
Statutory required CAT			
Capital Adequacy Requirements (CAR) Cover			
Combined Loss Ratio			

2 Please state class of business together with the percentage of total income

	Current year end	Last year end	Previous year end
Professional Indemnity and Specialized Liability Risks			
Marine			
Motor			
Aviation			
Life and Pension			
Mortgage broking			
Other (please specify)			

3 Please provide who leads treaty/ provides binding authority ……

4 Does any Director/partner or employee of the proposer also act as an Insurance Broker or Agent to the Proposer? If yes please provide details Yes/No

……..

5 Is the Proposer responsible for the following

5.1 Investment of Underwriting Funds? Yes/No

5.2 Reinsurance programme protecting the underwriting account? Yes/No

6 Does the Proposer undertake any other duties (eg loss adjusting) for which cover is required. If yes please provide details Yes/No

……..

7 Does the proposer participate in "fronting" arrangements. If yes please provide details Yes/No

……..

8 Does the proposer provide binding authority, underwriting authority and pooling activities, if yes please answer the following

8.1 Class and origin or business Yes/No

8.2 Type eg Pool, underwriting agency Yes/No

8.3 Name of insurers subscribing Yes/No

8.4 Maximum limit Yes/No

8.5 Name of Directors responsible Yes/No

8.6 Method of operation Yes/No

8.7 Commissions/fees Yes/No

9 Do you operate a formal underwriting manual covering all classes of insurance business written Yes/No

10 Indicate where business is obtained as a percentage of overall premium

	% of overall premium
Agents	
Brokers	
Direct Sales	
Other (please specify)	

11 Is the responsibility of claims payments and underwriting segregated Yes/No

12 Are claims payments agreed by at least two authorized staff members Yes/No

13 Please describe the process of a repudiated claim

……

……

……

14 Does the Proposer use agents or third party administrators to negotiate and settle claims? If yes please name the third party administrator Yes/No

……

15 Has the Proposer entered into any new classes of business in the past 3 years? If yes please provide details Yes/No

……

……

……

ANNEXURE D: Trade Finance/Corporate Finance/ Mergers and Acquisition Services

This set of questions are intended to bring definition and clarity to the scope of activity undertaken. Your input in clarifying your activity will significantly enhance the understanding of your exposures. In providing your answers additional information may be pertinent. This information should be added as appropriate.

1. Please provide the industry sectors targeted and the approximate revenue generated

Industry sector	Percentage of gross revenue

2. Has the proposer been involved in any incomplete or failed transactions in the past 12 months and if so please provide details Yes/No

3. Please detail the Proposer's procedures implemented to ensure adequacy of due diligence reviews

   ……..

4. Please provide details of the procedures in place to ring-fence sensitive information and ensure no conflict of interests with other areas of the Proposer's organization

   ……..

   ……..

   ……..

5. Please provide the following information. For confidentiality reasons if a transaction has not yet been concluded and contains information deemed sensitive for public consumption, do not disclose the name of the transaction when completing this section of the proposal

Deal	Start date	End Date	Market Capitalization of acquiring firm	Market Capitalization of acquired firm	Bid Price	Outcomes

6. Does the proposer manage on behalf of a third party any of the following

   6.1 Share incentive schemes Yes/No

   6.2 Share option pools for management Yes/No

   6.3 Listing and delisting of debt instruments Yes/No

   6.4 Any other support services please provide services Yes/No

7. Has the proposer been involved in the listing/delisting of companies on the JSE or any other stock exchange. If yes please provide details Yes/No

   ……..

   ……..

ANNEXURE E: Real Estate Investment Trust

This set of questions are intended to bring definition and clarity to the scope of activity undertaken. Your input in clarifying your activity will significantly enhance the understanding of your exposures. In providing your answers additional information may be pertinent. This information should be added as appropriate.

1. Please provide the value of Assets Under Management/Company market capitalization

   ……

2. Please provide listing information, date of listing and stock exchange/s ……

3. Please provide the name of their sponsor ……

4. Please provide the investment objectives of the fund and expected returns for the unit holders

% holding per sector	Commercial	%
	Office	%
	Residential	%
	Hospitality	%
	Other (please specify)	%

5. Activities undertaken by the proposer and subsidiaries

	Yes	No
Property Management		
Property administration		
Letting		
Client retention and renewals		
Rent collection		
Facilities management (cleaning, landscaping, security, electrical/mechanical services, air condition)		
Property Asset Management		
Management of the Portfolio of assets of the fund		
Portfolio Reporting		
Monitoring of monthly/annual returns		
Marketing services		
Investment advice and market research		
Valuations of assets (land, building, plant and machinery)		
Other (specify)		
Property Development		

Due diligence for property acquisition or new development			
Project management of new developments, refurbishments and extensions (construction risk)			
South African Exposure		%	
African Exposure		%	
Other Geographical Exposure (specify)		%	

6. Vacancy Level

Last Year	Current Year	Next 12 months

7. Details of the independent Trustee appointed to look after the interests of debenture holders (Please attach trust deed)

    a. Name …….

    b. Qualifications ……

    c. Years of service ……..

ANNEXURE F: North America

This set of questions are intended to bring definition and clarity to the scope of activity undertaken. Your input in clarifying your activity will significantly enhance the understanding of your exposures. In providing your answers additional information may be pertinent. This information should be added as appropriate.

1. Please provide the following information for any subsidiaries located or incorporated in North America

Subsidiary/operation	Activities	% owned

2. In percentage terms, please provide the proposer's or any subsidiary's
    a. Investments made in North America …….
    b. Income generated in North America …….
    c. Assets in North America …….

3. Does the Proposer or any subsidiary have employees or directors resident in North America? If yes please provide details Yes/No

    …….

4. Listing on any North America exchanges. If yes please provide details Yes/No

    …….

5. Details of American Depository Receipts
    a. Sponsored or unsponsored …….
    b. Type (Level or restricted) …….
    c. Number of ADR shareholders ……
    d. Market Value …….
    e. What percentage of market capitalization is owned by US citizens …….
    f. On what date was last offer/tender issue made …….

6. Gross assets and turnover in North America

Gross Assets	USD
Turnover	USD

7. Details of any local policies
    a. Broker …….
    b. Limit USD …….
    c. Deductible USD …….
    d. Terms and Conditions …….

8. Was the offer and is the company compliant with all provisions of: (If no please provide details)

   a. The United States Securities Act of 1933 Yes/No

   b. The Securities Exchange Act of 1934 Yes/No

   c. The Sarbanes Oxley Act of 2002 Yes/No

   d. Has a 20-Filling been made to the US Regulatory Authorities Yes/No

ANY OTHER ADDITIONAL INFORMATION TO BE DECLARED REALTING TO THE PROPOSAL FORM

……

……

……

……

……

……

……

Authorised signatory of the Proposer

……

Full name of signatory

……

Position in Firm

……

Date