



## PROPOSAL FORM

### Crime and Civil Liability

1. The proposal form must be completed and signed by a of the proposer company who is duly authorised by the proposer to do so.
2. Completing and signing this proposal form does not bind BIC to enter into a contract of insurance
3. A legal duty is owed to the insurers to disclose all facts, matters, or circumstances known or reasonably expected to be known to the proposer or any proposed insured person which are material to or which may influence the insurer in the consideration and judgement of the risk being proposed, its acceptance and the particular terms upon which it may be underwritten by the insurers.
4. The proposal form is not exhaustive, which means that after evaluating your answers, we might have additional questions. If there is insufficient space in this questionnaire to provide answers or information, please use additional sheets
5. By completing and signing this proposal form, you accept and acknowledge that you has read and fully understood it contents and their possible effect in relation to the contract of insurance that may be entered into as a consequence.
6. It is the intention of underwriters that any Contract of Insurance with the Proposer shall be based upon the information provided in this Proposal Form as well as any attachments included. If a quotation is offered it will be the intention of the underwriters to offer cover **ONLY** in respect of the entities named under Particulars of Proposer.
7. The duty of disclosure will continue throughout the currency of the contract and any material alterations are to be disclosed to underwriters immediately.
8. Please include the following information with this proposal form
  - a. Latest Audited Annual Reports and Interim Reports of the proposer (consolidated if subsidiaries are to be included)
  - b. Latest Auditing Firm's Letter of Recommendation to Management and Management's written response
  - c. Copy of Client's Standard Contract
  - d. Any of the completed Annexures **A to I** that are relevant to your Organisation (and additional requested therein)
  - e. Organisation Chart
9. Please note
  - a. Civil Liability Section provides insurance on a Claims Made basis. Accordingly, Insurer will only cover the Insured in respect of Claims which are first made against the Insured during the Policy Period and reported to insurers during the Policy Period.
  - b. Crime Sections provides insurance on a discovery basis. Accordingly, Insurer will only cover the Insured for Direct Financial Loss first discovered during the Policy Period.



## 1. Proposer Overview

1.1 Please provide general information about your company

Company name	
Principal address	
Postal address	
VAT registration no.	
Company registration no.	
Website	

Type of organisation

- Sole Proprietor                       Private Company – (Pty) Ltd                       Personal Liability Company – Inc.  
 Public Company – Ltd                       State Owned Company – SOC                       None-Profit Company – NPC

Date of incorporation and subsequent re-registration / name changes

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Financial year end	
Total annual revenue	
Total annual assets	
Latest credit rating and agency	

**Please attach a copy of the audited financial statements as at last latest year end**

*If exempt from submitting audited financial statements in terms of section 30 (7) of the Companies Act 2008 please provide full details of exemption and alternative arrangements in place*

## 2. Who is our main contact regarding this risk assessment

Name	
Position	
Phone No	
Emails	



**3. Business Activities**

3.1 Tick box that best describes activities (Please also complete Annexure /s relevant to your business activities)

- Annexure A Investment Advisor / Manager and Administration
  - Annexure B Trading / Dealing
  - Annexure C Insurance Company
  - Annexure D Investment Banking
  - Annexure E Real Estate Investment Trust
  - Annexure F Bank
  - Annexure G Extension of Credit / Lending / Leasing (non-bank)
  - Annexure H Trust Companies
  - Annexure I Cover to include North America
  - Others Securitisation, securities / stock exchange, fintech, etc. (no annexure)
- Provide full details on separate sheet

3.2 Please further describe activities and % revenue derived from each

3.3 Does the proposer intend on offering any new services in the next 12 months?  YES  NO

If YES, please provide details

3.4 Are subsidiaries to be included (with a shared limit)?  YES  NO

If YES, please provide details (*attach additional pages if necessary*)

Name	% Owned	Date created / acquired	Country of incorporation	Activities (if different from parent)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*For the rest of proposal form, questions must be answered in a way to disclose information pertaining to subsidiaries also.*

*Insurers will not be held liable for the proposer's failure to comply with local insurance regulations in territories outside of South Africa in which they operate. Accordingly claims payment will be in local territory only if non-admitted coverage is permissible. Claims payment will be subject to legal permissibility of coverage in territory*



3.5 Is the proposer party to any joint venture arrangement or partnership agreement? YES NO

If **YES**, please attach details.

3.6 Is the proposer itself a subsidiary? YES NO

If **YES**, name the ultimate holding company

3.7 Has the Proposer been acquired by another entity, merged or acquired any other business during the last year? YES NO

If **YES**, please provide full details.

**4. Employees and Locations**

4.1	South Africa	No. of employees	<input style="width: 100%; height: 20px;" type="text"/>	No. of locations	<input style="width: 100%; height: 20px;" type="text"/>
	Rest of Africa	No. of employees	<input style="width: 100%; height: 20px;" type="text"/>	No. of locations	<input style="width: 100%; height: 20px;" type="text"/>
	Rest of World (specify)	No. of employees	<input style="width: 100%; height: 20px;" type="text"/>	No. of locations	<input style="width: 100%; height: 20px;" type="text"/>

4.2 Are any branches and subsidiaries allowed to maintain different operational procedures than head office / parent company? YES NO

If **YES**, is prior approval required from head office / parent company? YES NO

4.3 Are criminal history, employment history and credit checks performed on all employees including when recruiting new employees? YES NO

4.4 Are all employees required to take an uninterrupted, two week holiday each calendar year? YES NO

4.5 Do you have established employee leaving procedures, including termination of access to computer systems? YES NO

- 4.6 Do you maintain dual control over the handling of
- a. Securities? YES NO
  - b. Company / corporate cheques? YES NO
  - c. Dormant accounts (if inactive for longer than 3 month)? YES NO
  - d. Access codes, test keys? YES NO

4.7 Is there a process in place to have an independent employee check the payroll to ensure that it is accurate and correct including but not limited to account numbers and active employees only? YES NO  
 If this function is outsourced is there an audit protocol included in the agreement? YES NO

4.8 Have any of your employees been dismissed for any fraudulent activities / dishonesty during the last 12 months? YES NO

If **YES**, please provide details for each dismissal

## 5. Regulatory Compliance

5.1 To which regulatory authorities is the proposer accountable?

5.2 is the proposer licensed and compliant with all legislation regulating their business?  YES  NO

If **NO**, please provide details

5.3 During the last 5 years has the proposer received any admonishments or critical directive from the regulatory authorities to whom they are accountable?  YES  NO

If **YES**, please provide details

5. Have any complaints been received in the past 5 years?  YES  NO

If **YES**, please provide details (**enclose details of nature of complaint and how each was resolved**)

5.5 Does the proposer have an in-house legal department?  YES  NO

5.6 Does the Proposer use a standard form of contract, agreement or letter of appointment with regard to services performed?  YES  NO

5.7 Are these regularly reviewed?  YES  NO

If **YES**, by whom.

5.8 Are all publications issued by the Proposer reviewed by the in-house legal department and /or outside legal advisers?  YES  NO

5.9 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?  YES  NO

If **YES**, please provide details



5.10 Please provide the list of Proposer's service providers or agents based on the following functions (n/a if not applicable):

Administrator	n/a <input type="checkbox"/>	
Investment manager	n/a <input type="checkbox"/>	
Custodian	n/a <input type="checkbox"/>	
Stock broker	n/a <input type="checkbox"/>	
Investment advisor	n/a <input type="checkbox"/>	
Actuary	n/a <input type="checkbox"/>	
External auditor	n/a <input type="checkbox"/>	
Cash in Transit	n/a <input type="checkbox"/>	
Electronic Data Processing Media carrier	n/a <input type="checkbox"/>	

5.11 Please describe any major recommendations and/or control deficiencies noted by the service providers, regulatory authority or independent consultant.

**6. Audits**

6.1 Do External Auditors audit all operations at least annually?  YES  NO

If **NO**, please provide details

6.2 Have all recommendations by External Auditors regarding internal controls been complied following last audit?  YES  NO  
 If **NO**, have you adopted alternative arrangements to the satisfaction of your accountant?  YES  NO

6.3 Is there an audit committee which monitors the effectiveness of internal controls and reports directly to the Board?  YES  NO

6.4 Do you have an Internal Audit Department which has separate duties from the auditing services provided by an external accountant?  YES  NO

If **YES**,

- a. Is there an established audit cycle which encompasses all operations?  YES  NO
- b. Is the Internal Audit department independent of any other function?  YES  NO
- c. Does the Internal Audit team periodically review segregation of duties, accuracy of records, management and supervisory procedures and the physical and non-physical internal controls?  YES  NO
- 6.5 How often are full internal audits conducted?
- 6.6 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

## 7. Internal Financial Controls

- 7.1 Has a framework for internal financial controls been identified for the company?  YES  NO
- 7.2 Does the framework include operations and regulatory compliance?  YES  NO
- 7.3 Has the internal controls been mapped to the framework defined?  YES  NO
- 7.4 Is the company educating leadership & executive management, and control owners regarding the content in the framework?  YES  NO

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

- 7.5 Based on the defined framework are there any gaps in current processes, control activities, or documentation and if so, how are these being addressed?

- 7.6 What policies are in place and who is responsible for communicating internal control considerations to external parties (e.g., third-party service providers)?

- 7.7 Does the company use information technology and data analytics to help continuously monitor internal control systems?

- 7.8 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 for
- a. Signing cheques or authorising payments?  YES  NO
- b. Issuing fund transfer instructions?  YES  NO
- c. Amending fund transfer procedures?  YES  NO
- d. Opening new accounts, including new vendors, suppliers, service providers etc.?  YES  NO
- e. Refunding monies or returning of goods or issuing and any other credit or refund?  YES  NO
- f. Awarding contracts following a tender?  YES  NO
- g. Loading or updating payment beneficiary details?  YES  NO

7.9 How do you ensure that payments are made to the legitimate / correct bank account?

7.10 Are all supporting documents validated before authorising payments?  YES  NO

7.11 Is petty cash kept and a quarterly independent check of vouchers, receipt and cash balance made?  YES  NO

7.12 Are cash book entries independently checked with bank statements, bank paying in book counterfoils, receipt counterfoils and vouchers and the balance tested with case and unpresented cheques at regular intervals?  YES  NO

7.13 Do you reconcile monthly bank account statements in a timely manner?  YES  NO

7.14 What is the approximate annual value of fund transfers?

## 8. Computer Systems

8.1 Are passwords used to give varying levels of access to your computer system and fund transfer systems on the need and authorisation of user basis?  YES  NO

If **NO**, describe the alternative methods used to protect access to the computer system

8.2 Are passwords changed regularly?  YES  NO

8.3 Are access controls designed so that users cannot gain access to programs and files to which they have not been specifically granted access through a formal procedure?  YES  NO

8.4 Are all key source documents maintained in a secure environment prior to being entered into the computer system in order to prevent unauthorised modification or inappropriate use of data?  YES  NO

8.5 Do you utilise any recognised software packages to control access to your computer system?  
If **YES**, do you modify such software to your own specifications?  YES  NO

8.6 Are programming and processing operations separated physically and as to personnel involved?  YES  NO

8.7 Can programming staff operate the live system?  YES  NO

8.8 Are there at least two employees on duty during any Data Processing shift?  YES  NO

8.9 Is access to Data Processing premises restricted to authorised personnel only?  YES  NO

8.10 Do you allow employees remote access to the company's main computer facilities?  YES  NO

If **YES**





- Is access controlled by 'one time' password systems? YES NO  
Is access limited to non-sensitive systems and data? YES NO  
Is the message traffic protected by encryption? YES NO

If **NO**, please provide further details on controls in place

- 8.11 Do you have cyber breach / malware etc. protection software / firewall installed? YES NO

If **YES**, is this upgraded on a regular basis? YES NO

- 8.12 Do you monitor and produce reports on intrusion / unauthorised access activity / breaches, and is this monitored on a 24 hour basis by penetration specialists? YES NO

If **YES**, is this and external service provider or internal employees? YES NO

- 8.13 Does the Proposer use or subscribe to any Electronic Funds Transfer Systems? YES NO

- 8.14 Does the Proposer user or subscribe to any Electronic Funds Transfer Systems which allow direct access by clients to the Proposer's database? YES NO

If **YES**, please specify which ones.

- 8.15 Does the Proposer use or subscribe to any Electronic Funds Transfer Systems which allow clients to directly execute a transfer of funds? YES NO

- 8.16 Does the Proposer permit the initiation of Funds Transfer by telephone instruction from clients? YES NO

If **YES**

Do all clients to whom this facility is available complete written agreements outlining legal responsibilities, transfer limits and call back parameters for verification? YES NO

If **YES** please attach a copy of the agreement.

If **NO**, please elaborate on the call back parameters for verification.

- 8.17 Are all conversations including these instructions recorded? YES NO

- 8.18 Please describe the procedures adopted when instructions are received telephonically?



**9. Loss information**

9.1 Is the Proposer currently involved in any litigation as a defendant relevant to coverage sought? YES NO

If **YES**, please provide details

9.2 Has any application made by the Proposer or its predecessors in business for Professional Indemnity / Civil or Fidelity Guarantee / Crime Insurance ever been declined? YES NO

If **YES**, please provide details

9.3 Has any Professional Indemnity / Civil or Fidelity Guarantee / Crime Policy in the name of the Proposer or its predecessors in business ever been cancelled? YES NO

If **YES**, please provide details

9.4 Please give details of any losses sustained during the past five (5) years (losses of a type that may be covered by this insurance) and before application of any deductible, retention or excess whether insured or not.

	Nature of Loss	Date Committed	Date Discovered	Amount
I.				
II.				
III.				



9.5 Please describe corrective measures taken to prevent similar losses and actions taken against perpetrator

I.	
II.	
III.	

**10. Insurance History and Requirements**

10.1 Details of current Crime and Civil Liability; Bankers Blanket Bond/ Computer and Electronic Crime/ Professional Indemnity or similar insurance

Limit of Indemnity	
Excess	
Date of Expiry	
Retroactive cover	

**Please attach expiry policy and wording, in order that we can revert with comparable quotation. Premium information may be redacted**

9.2 Coverage requirements (Aggregate Limit of Indemnity (R 1,000,000 to R 500,000,000))

Option 1		Option 2		Option 3	
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9.4 Extensions required (always subject to the policy terms, conditions and exclusions)

**Applicable To Crime Section**

- Unidentifiable Employees**  
*Cover is extended to include losses that could only have been caused by an employee, but unable to designate specific employee*
- Liability Waiver Extension**  
*should the insured limit or waive any of its rights of recourse or recovery against any party as envisaged responsible for transit the insurers will only indemnify the insured to the extent that such waiver or limitation of liability is restricted to the negligence of such party*

**Applicable To Civil Liability Section**

- Professional Trust Services**  
*indemnity is extended to include a claim for a breach of trust, or a breach of fiduciary duty on the part of the insured or trustee arising out of the ordinary course of the provision by the insured of any professional trust services*
- Stop Payment Order Liability**  
*policy is extended to include any claim by reason of the Insured having failed to comply with the request of any customer of the Insured, or an authorised agent of such customer, to stop payment on any cheque, draft, standing orders or direct debit mandates*

- Loss Of Documents**  
*documents that have been entrusted to insured by client and have been destroyed policy will pay for costs and expenses incurred by the insured in replacing or restoring documents*
- Intercompany Liability**  
*policy is extended to include claims from Subsidiary and associated group companies where services are outsourced within the group and for which separate stand-alone contracts are in place and which demonstrate that these operations are at an "arm's length"*
- Compensation For Court Attendance**  
*insurer will pay the insured compensation if legal advisers, acting on behalf of the insured with the consent of the insurer, require any director or employee to attend court as a witness in connection with a claim covered under this policy*

#### **Applicable To Policy**

- No Claims Bonus**  
*insurers will allow a discount as shown in the schedule off the initial premium paid for the previous period if the policy is renewed for a further twelve (12) month period*
- Extended Reporting Period**  
*insured will be entitled to an and additional discovery period should they be unable to replace this policy following insurers non-renewal*
- Aggregate Reinstatement**  
*in the event of the reduction in whole or in part of the aggregate limit under this policy by reason of any one loss such aggregate limit shall be reinstated once*
- New Subsidiaries**  
*Newly acquired/created subsidiaries will be included subject to certain conditions being met*

## **11. Declarations**

- 11.1 I/We declare that the above statements are true and complete.
- 11.2 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 renewed or applied for.
- 11.3 I/We declare that in the event of this being a renewal of a policy currently insured via Stalker Hutchison Admiral for and on behalf of Santam Limited that there have been no material alterations to the risk as submitted to underwriters originally, and if a new application that all material facts have been disclosed.
- 11.4 I/We agree that this declaration shall form, together with the proposal form, the basis of the contract between me/us and the Insurers, and that I/We are properly authorised to sign this declaration.
- 11.5 I/We acknowledge that the information submitted in this proposal form may be protected by data protection legislation, such as the Protection of Personal Information Act 2013 (POPI) and accordingly hereby consent to the use of such information by SHA on behalf of Santam Ltd (the Insurer) to:-
- i. Verify the information disclosed herein against any other source;
  - ii. Communicate with you directly should you request us to and in accordance with relevant regulatory requirements;
  - iii. Compile non-personal statistical information to assist in assessing similar risks;
  - iv. Assess the risk to be underwritten and, if a Policy of Insurance is issued pursuant to and based upon such information, that said information may be used at a later stage to assess any future claims that I/We may have against any such Insurances issued by SHA on behalf of Santam Ltd;



- v. Transmit your personal information to any affiliate, subsidiary or re-insurer so that we can provide insurance services to you and to enable us to further our legitimate interests including statistical analysis, reinsurance and credit control;
- vi. Transmit your personal information to any third party service provider who has a need to know such information in order to perform functions relating to your Policy;
- vii. Share your personal information on the SAIA policyholder database for the combatting of insurance fraud and improved evaluation of risks.

11.6 I/We further acknowledge that this consent clause will remain in force even if your Policy is cancelled or lapses

Due to SHA's FSCA Licensing status and in light of the requirements set out in the Protection of Personal Information Act 2013 (POPI) we are not strictly speaking allowed to contact you directly and would generally communicate with you via your broker. However there may be instances where we may need to contact you directly in order to advise you of important matters relating to your Policy. Therefore please indicate below how you prefer to be contacted in the unlikely that we should need to contact you directly."

SMS       Email       Phone       Mobile       Post

**Full Name**

**Capacity**

**Signature**

**Date**



**Annexure A Investment Advisor / Manager and Administration**

(Asset management, fund management, fund administration etc. – no financial planners)

A1 Does the Applicant provide fund administration services?  YES  NO

If **YES**, please specify the jurisdictions in which the offices are located and the fee income during the last financial year of such offices

Jurisdiction	Currency	Basic Fee Income	Performance Related Fee Income
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A2 What type of funds are administered?

A3 Are officers and employees of the Applicant appointed as directors of the individual companies which are administered?  YES  NO

A4 If **YES**, please specify type of training given to officers and employees to enable them to fulfil their duties properly as directors of such companies?

A5 Does the Applicant require each company on whose board the Applicant’s officers sit to provide an indemnity or evidence of appropriate insurance in favour of the Applicant/relevant individual?  YES  NO

A6 If the Applicant acts as an investment advisor or manager, please indicate the following

	Current Year	Previous Year
The total value of the assets for which investment advice is provided	<input type="text"/>	<input type="text"/>
The value of the largest account	<input type="text"/>	<input type="text"/>
The total fees earned by this service	<input type="text"/>	<input type="text"/>
Asset value of lost accounts	<input type="text"/>	<input type="text"/>
Market value of Discretionary Accounts	<input type="text"/>	<input type="text"/>
Number of Discretionary Accounts	<input type="text"/>	<input type="text"/>
Market value of Non-Discretionary Accounts	<input type="text"/>	<input type="text"/>



Number of Non-Discretionary Accounts

Total Value Funds Under Management

A7 If the Applicant offers corporate services, are there procedures in place to ensure that the service being provided is reviewed by someone other than the deal originator in respect of appropriateness and suitability for the specific client?  YES  NO

A8 Do clients complete a written document that clearly identifies and states the client's investment objectives?  YES  NO

A9 Are all client agreements reviewed annually?  YES  NO

A10 Are responsibilities for investment decisions segregated from accounting and custodial activities?  YES  NO

A11 How often do clients receive statements in regards to their portfolio?

A12 Please provide the percentage split of the total managed fund fees and total Funds Under Management (FUM) during the last financial year for the following

Territory	Percentage of Total Managed Fund Fees (%)	Percentage of Funds Under Management (%)
South Africa	<input type="text"/>	<input type="text"/>
Rest of Africa	<input type="text"/>	<input type="text"/>
North America	<input type="text"/>	<input type="text"/>
Europe	<input type="text"/>	<input type="text"/>
UK	<input type="text"/>	<input type="text"/>
Asia	<input type="text"/>	<input type="text"/>
Australia	<input type="text"/>	<input type="text"/>

Investment Strategy	Percentage of Total Managed Fund Fees (%)	Percentage of Funds Under Management (%)
Listed Equity	<input type="text"/>	<input type="text"/>
Unlisted Equity	<input type="text"/>	<input type="text"/>



Debt - Structured	<input type="text"/>	<input type="text"/>
Debt – Unstructured	<input type="text"/>	<input type="text"/>
Property	<input type="text"/>	<input type="text"/>
Commodities	<input type="text"/>	<input type="text"/>
Derivatives	<input type="text"/>	<input type="text"/>

- A13 Does the Applicant have set procedures in place to ensure
- a. Any unauthorised or trading errors are identified, monitored, and where necessary rectified? YES NO
  - b. Any breaches of pre-agreed investment restrictions are recognised and rectified? YES NO
  - c. A formalised due diligence process is followed when assessing any given investment or investment strategy? YES NO

A14 Have there been any changes or modification in the investment restrictions or limitations of any fund within the past 2 years? YES NO

If **YES**, please give details on separate sheet (or provide new prospectus).

A15 Have there been any material changes in the administrative procedures or the investment policies of any fund within the past 2 years? YES NO

If **YES**, please give full details.

A16 Do the fund's directors or officers have procedures in place to ensure the investment advisor s performance and investments selected are acceptable and within the parameters of the investment management agreement? YES NO

If **NO**, please provide further details of the alternative procedures in place.

- A17 Has any fund for which cover is required
- a. Been subject to a regulatory review? YES NO
  - b. Had a drop in the Net Asset Value during any given 12 months exceeding 50% of its original Net Asset Value? YES NO
  - c. Been restructured or is likely to be liquidated or restructured over the next 12 months? YES NO

If you answered **YES** to any of the above please provide details





A18 Is each fund managed by the Applicant subject to an annual audit?  YES  NO

If **NO**, please provide details.

A19 Please provide the following information for any fund, for which cover is required (and attach fund fact sheets / minimum disclosure documents)

- a. Fund name
- b. Country of registration
- c. Current financial year Net Asset Value (reflect currency)
- d. Previous financial year Net Asset Value (reflect currency)
- e. Open or Closed
- f. % invested by Applicant



**Annexure B Trading / Dealing**  
*(Securities, commodities, derivatives, cfd, etc. – no foreign exchange)*

B1 Please state % of your accounts:

Individual	<input type="text"/>	%	Corporate	<input type="text"/>	%
Institutional	<input type="text"/>	%	Others	<input type="text"/>	%

B2 Does any p (group of companies) account for more than 20% of the Proposer's income?  YES  NO

If **YES**, please state the percentage of income derived from such client.  %

B3 Please state the percentage of revenue derived from the following

	Current Year (%)	Previous Year (%)
a. Listed shares	<input type="text"/>	<input type="text"/>
b. Unlisted shares	<input type="text"/>	<input type="text"/>
c. Bonds	<input type="text"/>	<input type="text"/>
d. Options	<input type="text"/>	<input type="text"/>
e. Commodity Futures	<input type="text"/>	<input type="text"/>
f. International shares	<input type="text"/>	<input type="text"/>
g. Listed unit trusts	<input type="text"/>	<input type="text"/>
h. Direct private placements	<input type="text"/>	<input type="text"/>

B4 What is the total annual revenue from brokerage commissions?

Current Year	<input type="text"/>	Previous Year	<input type="text"/>
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B5 Are there defined and communicated formal trading policies and dealing limits?  YES  NO

B6 How frequently are trading positions reviewed for compliance with formal trading policies and investment mandates?

B7 Are accounts of trades which exceed set limits identified or rectified or referred to senior management for immediate action?  YES  NO

B8 Do trade counterparties receive authorised confirmation of all deals prior to settlement?  YES  NO

B9 Is the investment portfolio periodically substantiated against recorded values independently of the dealer and fund manager?  YES  NO

B10 Are responsibilities for investment decisions segregated from accounting activities and custodial responsibilities?  YES  NO

B11 Please list membership of all Stock Exchanges trading markets and exchanges including overseas where applicable.



[Empty box]

B12 Are client instructions recorded on receipts?  YES  NO

B13 Are all client instructions time-stamped?  YES  NO

B14 Are procedures adopted to ensure that an appropriate client agreement or terms of business letter is in force?  YES  NO

B15 Are procedures adopted to ensure that all client instructions have subsequently been processed?  YES  NO

B16 Are records maintained of unfulfilled instructions?  YES  NO

B17 Are procedures adopted to ensure that the capacity in which the firm is instructed to act is recorded (that is as agent or principal)?  YES  NO

B18 What transaction limits are imposed on employees?

[Empty box]

B19 What review procedures are adopted and by whom to ensure that employees transactions comply with internal rules?

[Empty box]

B20 Are all open balances of whatever nature reconciled and checked against Stock Exchange accounts?  YES  NO

B21 Are reconciliations for all sundry and suspense accounts prepared and reviewed by a senior employee?  YES  NO

B22 Does the company have direct market access (DMA) to the JSE?  YES  NO

If **No** who are the prime brokers?

[Empty box]

B23 Are automated trading programs used as a method of trading?  YES  NO

B24 Are algorithmic trading programs used?  YES  NO

B25 What percentage of total trading revenue is derived from

High frequency trading  Algorithmic trading methods

B26 What percentage of annual orders are manually booked and executed by traders (i.e. non-algorithmic)?

[Empty box]



B27 Approximately what percentage of total loaded orders are never executed?

B28 Does the firm participate in any off the exchange deals?  YES  NO

B29 If YES are these deals disclosed to the JSE?  YES  NO

B30 Does the Proposer have a formal, documented dispute resolution procedure?  YES  NO

B31 How many were unresolved after 60 days?

**Annexure C Insurance Company**  
*(Long-term, short-term and reinsurance companies – no intermediaries, brokers and uma/mga)*

C1 Please indicate the nature of the Proposer's primary operations  
 Property / Casualty  Life / Health  Reinsurance  Other

C2 Please complete table

	Current Year End	Previous Year End
Gross Written Premium Income	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Net Written premium Income	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Net Insurance Claims	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Combined Operating Ratio	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Solvency Ratio	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Capital Adequacy requirements (CAR) cover	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>

C3 Please indicate the insurance services the Proposer is currently offering or planning to offer for

	Policyholders		Other	
Claims Adjusting and Handling	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Insurance Risk Management	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Safety Engineering	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Loss Control	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Rehabilitation	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Salvage	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Subrogation	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Premium Financing	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Actuarial	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Insurance Pool Management	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

C4 Has the Proposer entered into any new classes of business in the past 3 years?  YES  NO



If **YES**, provide details

C5 Does the Proposer or any of its Subsidiaries currently participate or manage any scheme? YES NO

If **YES**, provide details

C6 If outside adjustment services are used, please state the percentage of claims which are handled by outside adjustment services.

C7 Does the Proposer use agents or third party administrators to negotiate and settle claims? YES NO

If **Yes**

a. How many agencies or third party administrators are used?

b. What is the maximum authority?

C8 Are there established procedures for handling claims or suits against the Proposer for professional liability, extra contractual liability or punitive damages? YES NO

If **YES**, describe procedures and when such procedures were established.

C9 How often are these procedures reviewed and analysed?

C10 Do you operate a formal underwriting manual covering all classes of insurance business written? YES NO

C11 Please indicate where business production is obtained from as a percentage of the following.

	Current Year End (%)	Previous Year End (%)
Agents	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Brokers	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
Direct Sales	<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>



Other

C12 Are those designated to receive premium operationally segregated in day to day handling of business?

YES  NO

C13 Is responsibility for claims inspections and settlement segregated from underwriting?

YES  NO

C14 Are claims payments agreed by at least two authorised staff?

YES  NO

If you answered **NO** to any of the above please describe alternative controls in place.



**Annexure D Investment Banking**

*(Corporate finance, mergers and acquisitions, underwriting of offers, raising of capital etc.)*

D1 Please indicate the Gross Total Revenue derived from Investment banking activities

Location	Current Year Gross Revenue	Last Year Gross Revenue
South Africa	<input type="text"/>	<input type="text"/>
Rest of Africa	<input type="text"/>	<input type="text"/>
Rest of World (Specify)	<input type="text"/>	<input type="text"/>

D2 Approximately what proportion of the above is fee / advice related versus success / profit related?

D3 Please show the breakdown of Gross Total Revenue in the investment banking operations for the last financial year

M&A / Corporate Advisory	<input type="text"/>	<input type="text"/>
Equity – New Issuance	<input type="text"/>	<input type="text"/>
Debt – New Issuance (Corporate Debt)	<input type="text"/>	<input type="text"/>
Debt – New Issuance (Structured Finance Debt)	<input type="text"/>	<input type="text"/>
Debt – New Issuance (Convertible Structures)	<input type="text"/>	<input type="text"/>

Other (please provide details by attachment)

D4 Please provide details of any industry sectors served where the approximate percentage of Gross Revenues from such sectors is greater than 20% of the investment banking portfolio (e.g. Pharmaceutical, Telecoms etc.)

Industry sector	% of Gross Revenue
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

D5 Has the proposer been involved in any incomplete or failed transactions in the last 12 months?

YES

NO



If **YES**, please provide details including the number of incomplete or failed transactions.

--





D6 Has the proposer acted on behalf of its clients in the last 3 years in any takeover or merger?

YES  NO

If there have been one or more takeovers or mergers, please list each takeover or merger situation indicating by asterisk on behalf of whom the Proposer was acting for, and the values involved. Use a separate sheet if necessary

Offerer	Offeree	Sector	Successful (Yes/No)	Offer Value (Reflect currency)	Lead Underwriter (Yes/No)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

D7 Has the Proposer advised on or underwritten any flotations in the last 12 months?

YES  NO

0

If there have been one or more flotations, please list each involvement. Use a separate sheet if necessary

Company	No of shares placed	100% Share Capital Involved (Reflect Currency)	Value (Reflect Currency)	Lead Underwriter (Yes/No)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



D8 Has the Proposer advised on or underwritten any rights issues in the last 12 months?

YES  NO

If there have been one or more flotations, please list each involvement. Use a separate sheet if necessary

Company	No of shares placed	100% Share Capital Involved (Reflect Currency)	Value (Reflect Currency)	Lead Underwriter (Yes/No)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



D9 Please detail the Proposer's procedures to ensure adequacy of due diligence reviews

D10 With respect to any investment banking transaction, please outline the Proposer's internal guidelines as to when an independent outside review is required.

D11 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 organisation.



**Annexure E Real Estate Investment Trust**

*(Property fund manager, property loan stock/property unit trusts fund management – no managing agents, no syndication, no real estate agents)*

E1 Value of assets under management / company market capitalisation

E2 Investment objectives of the fund and provide expected returns for unit holders

% holding per sector	commercial	<input type="text"/>
	office	<input type="text"/>
	residential	<input type="text"/>
	hospitality	<input type="text"/>
	Other	<input type="text"/>
		<input type="text"/>

E3 Activities undertaken by the proposer

	Property Management		
Property administration		<input type="checkbox"/> YES	<input type="checkbox"/> NO
letting		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Client retention and renewals		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Rent collection		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Facilities management (cleaning, landscaping, electrical/mechanical services)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Property Asset Management		
Management of the portfolio of assets of the fund		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Portfolio reporting		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Monitoring and monthly returns		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Marketing services		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Investment advise and market research		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Valuation of assets (land, building plant and machinery)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other (please specify)	<input type="text"/>		

	Property Development		
Due diligence for property acquisition or new development		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Project management of new developments, refurbishments and extensions (construction risk)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other (please specify)	<input type="text"/>		
South African exposure	<input type="text"/>		
African exposure	<input type="text"/>		
Other (please specify)	<input type="text"/>		



E4 Vacancy levels

Last Year

Current Year

Next 12 months

E5 Please provide debt maturity profile for the next 24 months as a percentage of total debt.

Current 12 month

Next 12 months

E6 Details of the independent Trustee appointed to look after the interests of debenture holders  
(Please attach trust deed)

Name

Qualification

Years of Service

**Annexure F Bank**  
(Central, retail, commercial, private)

If you answered **NO** to any of the questions in this section, please describe alternative method or type of protection on a separate sheet.

F1 Please state maximum number of

	Head Office	Main Branches	Other locations
a. Bearer of negotiable securities	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Cash, bullion, precious stones and similar interests	<input type="text"/>	<input type="text"/>	<input type="text"/>

F2 Please state maximum amount of cash

	Head Office	Main Branches	Other locations
a. With any cashier	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Entire counter of any one location	<input type="text"/>	<input type="text"/>	<input type="text"/>

F3 State maximum amount of cash, bearer and negotiable securities in transit at any one time

	Head Office	Main Branches	Other locations
a. By armoured motor vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. By messengers	<input type="text"/>	<input type="text"/>	<input type="text"/>

F4 Are the armoured motor vehicles or cash/asset in transit contractors or carriers held totally liable for all losses whilst your cash and bearer and negotiable securities in transit are in their possession?  YES  NO

F5 Is joint custody established and maintained for the safeguard of Property while in safes or vaults  YES  NO

a. All keys to safes and vaults  YES  NO

b. Codes, ciphers and test keys  YES  NO

c.  YES  NO

F6 Is dual control established and maintained for the handling of

a. All types of securities, negotiable and non-negotiable instruments, unissued and blank forms  YES  NO

The reserve supply of official cheques, drafts and unissued travellers cheques  YES  NO

b.  YES  NO

Dormant accounts of depositors  YES  NO

c.  YES  NO

F7 Vaults / Strong rooms and safes

	Head Office	Main Branches	Other locations
a. Are there vaults, strong rooms or safes on the premises?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

- |  |                              |                             |                              |                             |                              |                             |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| b. Are they equipped with a dial combination lock?                                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Are they equipped with a time lock?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. Are they equipped with a lockable day gate?                                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Are the walls, floors and ceilings of reinforced concrete and lined with steel? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| f. Thickness of walls  | <input type="text"/>         |                             | <input type="text"/>         |                             | <input type="text"/>         |                             |
| g. Are doors of arc, torch and drill resistive materials?                          | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| h. Do you have an anti-explosive device in the doors?                              | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

**F8 Doors, windows and alarms**

- |   | Head Office                  |                             | Main Branches                |                             | Other locations              |                             |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| a. Are all doors fitted with substantial locks?                             | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Are all windows fitted with substantial locks or barred?                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Are there alarm systems against breaking and entering, robbery or theft? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. Are alarm systems connected to a central station?                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Are alarm systems connected to a police station?                         | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| f. Are alarm systems connected elsewhere? Please specify                    | <input type="text"/>         |                             | <input type="text"/>         |                             | <input type="text"/>         |                             |

**F9 Teller positions**

- |  | Head Office                  |                             | Main Branches                |                             | Other locations              |                             |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| a. Are there alarm systems against robbery?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Does each teller have a robbery alarm button or pedal?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Are tellers' positions protected by anti-bandit glass?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. Are tellers' positions separated from the rest of the institution hall by a suitable partition with doors kept locked during institution hours? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Are all cashiers cash holdings taken to a safe / vault when vault is closed?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| f. Are cashiers provided with "Bait" or "Decoy" money?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

*"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 a robbery*

**F12 Guards**

- |   | Head Office                  |                             | Main Branches                |                             | Other locations              |                             |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| a. Do police patrol and inspect premises? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Do you have armed guards by night?     | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Do you have armed guards by day?       | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. Are they provided by police?           | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |



- e. Are they provided by agency?  YES  NO  YES  NO  YES  NO
- f. Are they provided by the institution itself?  YES  NO  YES  NO  YES  NO
- g. Are they protected by bullet proof cages?  YES  NO  YES  NO  YES  NO
- h. How many watchmen do you employ?

F13 Transit

a. Does the proposer transport property including cash securities or is this outsourced to a specialised security company?  YES  NO

b. Please confirm the types of property transported

c. How are your own transits conducted i.e. via unmarked motor vehicle, on foot etc.

d. Number and value of these transits per annum

e. Average amount per conveyance and per container

f. Please confirm the largest individual transit

g. How far in advance are staff member's made aware of the routes and amounts carried prior to leaving the premises?

h. How often are staff members circulated between other positions?

i. How are these employees screened prior to appointment?

j. What security measures are in place to protect the staff member and property?

k. If the services of a professional transit operator are utilised, are there any contractual limitations between the proposer and the assets or cash in transit service provider?  YES  NO

Please provide a copy of the relevant clauses

l. Are these waivers or limitations restricted to negligence or does it also include waivers linked to any fraudulent activities by the service provider or its staff members or employees?  YES  NO

Please provide a copy of the relevant clauses

m. Please specify other protection devices such as camera systems, electrical money traps or any other security measured not mentioned herein.



F14 Are Private Banking Services offered to your client's?  YES  NO

If **YES**, please answer the following

a. How many employees are involved in private banking?  YES  NO

b. Which products do they promote?

c. In respect of client relationship managers

i. Is dual control maintained over all activities involving trades, cash or other valuables?  YES  NO

ii. Do you monitor suitability of procedures in respect of investment advice to clients?  YES  NO

iii. Do you maintain an approved list of securities?  YES  NO

iv. Are relationship managers allowed to deviate from this list?  YES  NO

If **YES**, provide controls

F15 Is the proposer a central bank / reserve bank / monetary authority?  YES  NO

If **YES**, please tick all applicable best description of independence

- Institutional independence (*enshrined in law and shields central bank from political interference*)
- Goal independence (*has the right to set its own policy goals*)
- Functional and operational independence (*authority to run its own operations and organise internal structures*)
- Personal independence (*"turn-over-rate" of central bank governors*)
- Financial independence (*full autonomy on their budget*)
- Legal independence (*own legal personality, which allows them to ratify international agreements without government's approval (like the European Central Bank) and to go in court*)



## Annexure G Nonbanking Extension of Credit / Lending / Leasing / Development Finance

G1 Are your lending procedures compliant with the National Credit Act or similar legislation in any other jurisdiction?  YES  NO

If you answered **No** please explain why

G2 Please provide estimates of credit extended by the company based on the total Rand volume and percentage of the company's loan volume derived from each category.

	Volume (Rand)	Percentage of loans
Commercial loans and overdrafts	<input type="text"/>	<input type="text"/>
Residential real estate loans	<input type="text"/>	<input type="text"/>
Personal loans	<input type="text"/>	<input type="text"/>
Leasing	<input type="text"/>	<input type="text"/>
Construction loans	<input type="text"/>	<input type="text"/>
Development loans	<input type="text"/>	<input type="text"/>
Credit card loans	<input type="text"/>	<input type="text"/>
Interbank loans	<input type="text"/>	<input type="text"/>
Bridging finance	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

G3 Do you operate and maintain a loan policy manual?  YES  NO

If **YES** does it include

a. Lending criteria  YES  NO

b. Authority levels  YES  NO

If **NO**, please provide further details of the alternative procedures and controls in place.

G4 Define maximum loan to value ratios for each loan class?

G5 Are the identities of all signatories independently verified for collateral agreements, loan authorities and notes?  YES  NO



G6 Are all new and renewal loan applications and accompanying documents required to be signed in the presence of an officer?  YES  NO

If you answered **NO** to the above question please explain what signature verifications method is used?

G8 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  NO

If you answered **NO** to the above question, please explain

G9 Is substituted collateral always verified before original collateral is released?  YES  NO

G10 Is negotiable collateral kept under dual control?  YES  NO

If you answered **YES** to the above question, please explain your procedures.

G11 For the previous two years, please indicate the amounts of loans that are.

90 days or more past due

Non accruals

G12 Does the Board of Directors or a Loan Committee review all loans made?  YES  NO

If you answered **NO** the above question, how is the loan review function accomplished?



## Annexure H Trust Companies

H1 Does the proposer provide trustee and/or fiduciary services to clients?  YES  NO

H2 Does the service include the creation / registration and management of trusts and /or other SPVs?  YES  NO

H3 Are employees required to, as representatives of the insured, act as trustees of any of these trusts or SPVs?  YES  NO

H4 Does the insured require cover for the individual employees as noted above?  YES  NO

H5 Please provide minimum requirements such as qualifications and experience for the appointment of these employees.

H6 Please confirm internal procedures to monitor the activities of these employees.

H7 When and how are these entities housed?

H8 Please provide details of the financial and accounting procedures in place and full compliance with the Trust Property Control Act or similar applicable legislation.



**Annexure I North America**

*(If territorial limits of this policy are to extend to North America = The United States of America, being the 50 States of the Union plus the District of Columbia, Canada and any territory operating under the laws of or subject to the jurisdiction of courts of the aforementioned territories.)*

11 Is the proposer or any subsidiary incorporated in North America?  YES  NO

If **YES**, please provide details

Subsidiary	Activities	% Owned
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

12 is the Proposer or any subsidiary domiciled or have operations located in North America?  YES  NO

If **YES**, please provide details

Subsidiary	Activities	% Owned
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

13 Does the Proposer or any subsidiary have employees or directors resident in North America?  YES  NO

If **YES**, please provide details

14 In percentage terms, please provide the proposer's or any subsidiary's

a. Investments made in North America	<input type="text"/>	%
b. Income generated in North America	<input type="text"/>	%
c. Assets in North America	<input type="text"/>	%

15 Does the Proposer or any of its subsidiaries  
 a. Have any stocks, shares or debentures in North America (other than by any form of propriety investments made on behalf of third parties)?  YES  NO

b. If any stocks or shares are traded in the form of ADR's please advise  
 Level I  Level II  Level III  Level IV  Sponsored  Un-sponsored

Number of ADR shareholders  Market Value

c. Was the offer and is the company compliant with all provisions of  
 The United States Securities Act of 1933  YES  NO  
 The Securities Exchange Act of 1934  YES  NO



Has a 20 filing been made to the US Regulatory Authorities

YES

NO

*Please attach a copy of the latest 20-F filing or similar filing made to the USA Regulatory Authorities*

16 Does the Proposer or any subsidiary have pension plans registered in North America, and if so, what the total asset value of each plan is?

YES

NO

Value

17 Does the Proposer or any subsidiary act as an investment advisor in North America and/or is the Proposer or any subsidiary registered with the SEC under Investment Advisors Act of 1990?  YES  NO

If **YES**, please provide details

18 Does the Proposer or any subsidiary have legal presence in North America (e.g. contractual submission to North American jurisdiction)?

If **YES**, please provide details

19 Details of any local policies.