

DIRECTORS' & OFFICERS' LIABILITY PROPOSAL FORM

IMPORTANT NOTICE

· Answer all questions leaving no blank spaces.

1 | GENERAL INFORMATION

- · If you have insufficient space to complete any of your answers, continue on your headed paper.
- Please attach latest audited Financial Statements Report.
- It is the intention of Underwriters that any Contract of Insurance with the Proposer shall be based upon the answers
 and information provided in this Proposal Form and any other additional information provided by the Proposer. If a
 quotation is offered it will be the intention of Underwriters to offer coverage only in respect of those entities named
 in answer to Question 1.
- Completion of this form does not bind the Proposer or Insurer to complete the insurance transaction.

Details of entitles to be insured (the "Proposer") 1 EVELOPMENT NATIONAL ID number (if Sole Trader): Date of Birth: Trading Name (if different from above) Physical Address: "7 Practice/Trading Address/es if different from the above: Company Reg No: Date Company Established / Services Commenced: As currently constituted Date Company Established / Services Commenced: As initially established: Contact Name: 50L0M0N Contact number: Email: Solomans Onda Company Legal Constitution: artnership / Private Company / Public Company / Close Corporation / Non-profit Organisation / Government / Sole Proprietor

THE POWER OF KNOWLEDGE

2 | INSURANCE HISTORY

Are you in the present or have you in the past been insured, f insurance now being proposed?	or the type of Yes	X
If Yes, please state: Insurers:		
Limit of Indemnity:	R	
Excess:	R	Nickel - Marith Market de Meithel (1) eithe de menerem menerem menter un menerem
Premium:	R	nogan i i mana i i semana desta mana i desta del desta del del alta del 1900 il 1900 il 1900 il 1900 il 1900 i
Date of expiry of coverage:	MKININKA MANAMATA INI SATUMBAN PANJAN PANJAN MANAMATAN M	
Retroactive Date:	and the state of t	
2 For the type of Insurance now being proposed, has any Insu	er ever	
		N/
 i) Required an increased premium or imposed special terms 	f	
ii) Refused to accept or renew any insurance for the body c	orporate Yes	
iii) Cancelled the Insurance?	Yes	
If any answer is Yes to any of the above 3 questions, please	provide full details	želina la pradokla a la prama la klakžika kalanka ka ka klakžik klakžik (14 Mari 14 Mari 14 Mari 14 Mari 14 Ma
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State the LIMIT OF INDEMNITY and EXCESS required: Limit R 5 000 800 R Excess R R R Do you require cover in respect of liability incurred but not diseffecting of this insurance at a single premium to be negotiated. Name other Companies to be insured in terms of this policy. COMPANY NAME RELATIONSHIP Is any Principal, AFTER FULL ENQUIRY, aware of any circums i) Give rise to a claim against the Proposer, any predecessor or present Principal? ii) Cause any loss to the Proposer, any predecessor or any	ANCES stance which might: r or any past ast or Yes	
State the LIMIT OF INDEMNITY and EXCESS required: Limit R 5 000 800 R Excess R R R Proposer, any predecessor or any present Principal? In Cause any loss to the Proposer, any predecessor or any present Principal?	ANCES stance which might: r or any past ast or Yes	



At sea

DIRECTORS' & OFFICERS' LIABILITY

2	In respect of ANY of the ris been made (whether succes or present Principal? If YES, please identify deta	ssful or not) against the	e Proposer or any past	Yes		No V	/6 /y
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3	What steps have been take	n to prevent a recurren			ad h feadhlean a deileid dh' feacaine h a deileid a deileid	100000 100 100 100 100 100 100 100 100	
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4	During the last five years ha	s the company made ar	ny claim under a Directors a	and Officers	: Liability	policy?	
N	Yes Ple	ease Specify:	60 (60 (60 (60 (60 (60 (60 (60 (60 (60 (ggeoglas jai reeds laigeidales davialealai dal-			
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5	Has the company, its director		olved in any of the following		50 36 27	[/ *:::	99
	i) antitrust, copyright or pa			Yes	4.66570		334 VII.
	ii) any civil or criminal actio any laws relating to the sa		ceeding alleging a violation hares, investments or secu				
	iii) any representative actio	ns, class actions or de	ivative suits?	Yes		No	
	If YES, to any of the above,	please give details:		L.,			
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6	Are there any pending clain the scope of cover afforded	ns against anyone who by any similar insuran	will be covered under this ce currently or previously I	insurance, n force?	which ma	ay fall with	iîn
N	Yes Ple	ease Specify:	na na na na da na na fala a falkida di kilo fali di di di da na papal fi di mpa di mada di mpa y		nam hlasilasii saanmaali sibiisali	4-2-4-1-4-1-4-1-4-4-4-4-4-4-4-4-4-4-4-4-	,,,,,
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7	Has anyone who will be cove current or previous insurance against the company and/or	e of any facts or circum	istances which may give ri				
Ŋ	Yes Ple	ase Specify:			Mr. oloholonova Ansonit	adama di annone cantante de la embre e e e	-2
	et vastiliitisti takistat tiiteleen vastavaansis vastaiset takisliiset tak	and the features of the feature of t	rantumanin manusuran na manusura				******
5	FINANCIAL INFOR	MATION					
1	Annual Turnover:	218 000 00	Total Assets:	R 5 9	940)	
2	If the company operates out business operations applica		se give details of the territ	ories and p	ercentag	je of	
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Els	sewhere in the world						1



3	If the company has changed its name and/or country of registration in the last 5 years please give details:
Ŋ	Yes Please Specify:
5	DETAILS OF OWNERSHIP
]	Indicate legal status of company (public co, private co, Section 21 co, etc): GOVERNMENT OWNED PUBLIC ENTITY
2	If the shares of the company or subsidiaries are publicly traded, on which Stock Exchange(s) are they listed
3	If the company has any shares in any American Depository Receipt (ADR) programme please give details:
4	How many shares are owned directly, indirectly or beneficially by the directors and officers?
5	Give details of any shareholder owning directly, indirectly or beneficially more than 10% of the total shares:
3	If the company has announced within the last 24 months any intention, or are there imminent plans, to consolidate or merge with another entity please give details:
7	If the company has sold or distributed any stocks or assets outside the normal course of business during the last 24 months, please give details:
7	DETAILS OF SUBSIDIARIES
	Please give details of any subsidiaries to be included in this insurance:
N	ame of Subsidiary Location Date Established Principal Activity
4014-96	
2	If any director or officer of the company sits on any outside board at the behest of the company, please give details:
3	Is cover required for such outside board positions?



8 | SHAREHOLDING STRUCTURE

Please provide details of any shareholder owning more than 10% of the Ordinary Share Capital of the Company

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2 Is the Finar	ncial Director/CFO aware of any North American domiciled s	hareholders as at last financial Year end?
No	Yes If yes, what is the value and the percentage o known North American domiciled shareholde.	
	NA	
9 CORPO	RATE STRUCTURE	
1 During the	last five years has:	
i) The nam	ne of the parent Company been changed?	Yes NX
If Yes, please pr	rovide details	[APPER of]
íi) Any sub	sidiary Company been sold or ceased trading?	Yes Ng
If Yes, please pr	ovide details	Innuman Market In Indiana Market In Indiana
iii) The cap	oital structure of the parent Company changed?	Yes

10 | OUTSIDE DIRECTORSHIPS

is cover required under this policy for Directors or Officers of the Company, or any of its Subsidiary Companies, whilst holding board positions in any associated or external company at the behest of the Company or any of its Subsidiary Companies?

If Yes, please provide details and a copy of an organogram (if available)





If Yes, please provide, on a separate page, the following information in respect of \underline{each} outside position:

Name of company	Net Profit
Percentage Shareholding	Net Worth
Country of incorporation	Name of Director
Activity	Position Held

NB. Underwriters may require to see Financial Reports and Accounts of these Companies.



If cover is required for claims first made in the United States of America and/ or Canada or claims first

11 | UNITED STATES OF AMERICA and/or CANADA

		. If cover is not required plea			r Canada,
	i) Please provide the total	gross assets of the Group in	North America \$	orania o postantia de la contra della contra de la contra de la contra de la contra de la contra della contra	
	ii) Please list those subsidi	aries in North America toget	her with the Company's pe	rcentage intere	est in each:
N	ame of Subsidiary	Country of Incorporation	% Owned	Ownership (of Balance*
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-	*List entities owning the pe	ercentage of the balance			
2	Does the Company or any issued in North America?	of its subsidiaries have any s	tock, shares or debentures	Yes	No
	If Yes, on what date was the last offer/ tender/ Issue made?			/	/
3	Was the offer subject to the United States Securities Act of 1993 and/or The Securities Exchange Act of 1935 and/or any amendment thereto?				No
4	Does the Company, or any of its subsidiaries, have any debt instruments or commercial paper in North America?			Yes	
	If Yes, please provide reason	ns.			
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5	Does the Company fully co	mnly with the Sarhanes-Ovl	av Act of 20022	Yes	Nb
	5 Does the Company fully comply with the Sarbanes-Oxley Act of 2002? If No, please provide reasons on a separate sheet if needed.			1, 1, 2, 1, 1, 1	A last designation
				palanasanasaaas amaanii wiri	
				altafar ressaura serias se	normforarumers lakeliks recentriselvansky
6	Please provide a copy of the	e last 20-F filing made to the	USA regulatory authorities	i.	
	If not applicable please stat	re 50	of the confidence of the second		



DECLARATION

Email:

Signing this proposal form binds neither the proposer to complete this insurance, nor does it bind the insurer to accept the proposal. It is agreed that all written statements and attachments furnished to the insurer in conjunction with this proposal are hereby incorporated by reference into this proposal and made part thereof. It is understood and agreed that the insurer has relied upon this proposal and attachments, which shall be the basis of the insurance contract.

The undersigned is an authorised signatory of the Proposer and certifies that reasonable inquiry has been made to obtain the answers herein which are true, correct and complete to the best of his/her knowledge and belief. We undertake to inform the insurer of any material alteration to these facts, whether occurring before or after completion of the insurance contract.

SOLOMON SHINGANGE	SENIOL MANAGER! FINANCE
NAME ALBORAGE	07/05/2021
SIGNATURE OF THE PROPOSER	DATE DD/MM/YYYY
BROKER DETAILS	
Broker:	
Contact Person:	Tel:

Fax number: