

IMPORTANT NOTICE

- Answer all questions leaving no blank spaces.
- If you have insufficient space to complete any of your answers, continue on your headed paper.
- **Please attach the following additional information :**
 - Latest audited Financial Statements and Report and any subsequent Interim Report issued
 - Prospectus / Offering Document in respect of each fund
 - Details of the latest and historical investment performance of the managed funds
 - Organisational and ownership chart of entities to be covered
- 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.

1 | GENERAL INFORMATION

Details of entities to be insured (the "Proposer")

Proposer's Name:	ID number (if Sole Trader):
.....	
Head Office (Physical Address):	
.....	
	Postal Code:
.....	
Postal Address:	
.....	
	Postal Code:
.....	
Company Reg No:	VAT No:
.....	
Professional Association(s):	
.....	
Contact Person:	Contact number:
.....	
Email:	Website:
.....	
Date Company Established / Services Commenced:	/ /
As currently constituted (If commenced within the past 24 months - Please attach CV of key personnel/Directors/Principals)	
.....	
Date Company Established / Services Commenced:	/ /
As initially established	
.....	
Company Legal Constitution:	Partnership / Private Company / Public Company / Close Corporation / Non-profit Organisation / Government / Sole Proprietor
.....	

THE POWER OF KNOWLEDGE

2 | INSURANCE HISTORY

- 1 Are you in the present or have you in the past been Insured, for the type of Insurance now being proposed? Yes No

If Yes, please state: Insurers: _____

Limit of Indemnity:	R
Excess:	R
Premium:	R
Date of expiry of coverage:	
Retroactive Date:	

- 2 For the type of Insurance now being proposed, has any Insurer ever:
- i) Required an increased premium or imposed special terms? Yes No
- ii) Refused to accept or renew any insurance for the body corporate Yes No
- iii) Cancelled the insurance? Yes No

If any answer is Yes to any of the above 3 questions, please provide full details

3 | REQUIRED COVER

- 1 State the LIMIT OF INDEMNITY and EXCESS required:

Limit	R	R	R
Excess	R	R	R

- 2 Do you require cover in respect of liability incurred but not discovered prior to the effecting of this insurance at a single premium to be negotiated? Yes No

4 | PREVIOUS LOSSES / EXISTING CIRCUMSTANCES

- 1 Is any Principal, AFTER FULL ENQUIRY, aware of any circumstance which might:
- i) Give rise to a claim against the Proposer, any predecessor or any past or present Principal? Yes No
- ii) Cause any loss to the Proposer, any predecessor or any past or present Principal? Yes No
- iii) Otherwise affect the consideration of this proposal for insurance? Yes No

If YES, please provide details:

2 In respect of ANY of the risks to which this proposal relates, has any Claim been made (whether successful or not) against the Proposer or any past or present Principal?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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If YES, please identify details (including loss date, amount claimed and a brief description):

3 What steps have been taken to prevent a recurrence?

5 | GENERAL

1 Name of regulator _____

2 How do you communicate with your investors? _____

3 Please advise custodial arrangements _____

4 Please advise the relationship between the Investment/Fund Manager/Operator and the Investment Advisor _____

5 During the last 5 (five) years has the Proposer received any admonishment or critical directive from any regulatory authority?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<i>Please Specify:</i>

6 i) Has any application made by the Proposer or its predecessors in business for Professional Indemnity Insurance ever been declined?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<i>Please Specify:</i>

ii) Has any Professional Indemnity policy in the name of the Proposer or its predecessors in business ever been cancelled?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<i>Please Specify:</i>

7 What is the estimated maximum capacity of Assets under Management that your existing infrastructure will support without the need to change your current trading methodology, infrastructure, or staffing levels?

9 With respect to Net Asset Value, please advise

i) Frequency of NAV Calculation : _____

ii) Whether NAV is independently calculated, and by whom? _____

iii) If the NAV is calculated by the Proposer, please explain how valuations are verified? _____

6 | FUND INFORMATION

1 Please provide the following information for any Fund for which cover is required:

Fund Name	Launch Date	Retail / Private Investors % split	Current Year NAV	Previous NAV

2 Have there been any redemptions in excess of 10% in the last year?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<i>Please provide details</i>

3 Has any Fund for which cover is required :

i) Experienced a drop in excess of 30% of its Net Asset Value during any given 12 months?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

ii) Been restructured or is likely to be liquidated or restructured over the next 12 months?

If YES, please provide full details:

4 Please provide a territorial split of investment in each Fund in percentage terms:

Fund Name	UK & Europe	South Africa	North America	Other (Specify)

5 Please provide a split in percentage terms of the various Funds' investors' domicile:

Fund Name	UK & Europe	South Africa	North America	Other (Specify)

6 Please provide in percentage terms a split of the various Funds' type of investor:

Fund Name	High Net Worth Individual	Institutions	Fund of Fund

7 Please indicate investment strategy mix in respect of all managed Funds:

Strategy	Fund	Strategy	Fund
Commodities		Futures and Options	
Convertible Arbitrage		Index	
Credit		Infrastructure	
Currency (Forex)		Macro	
Emerging Markets		Managed Futures	
Equities (Long Only)		Money Market / Cash	
Equities (Long / Short)		Multi strategy	
Equity (Market Neutral)		Private Bank	
Event Driven		Private Equity	
Exchange Traded		Property	
Fixed Income		Quantitative	
Fund of Funds		Special Purpose Investment	
Fund of Hedge Funds		Special Situations	
Fund of Private Equity Funds		Venture Capital	

8 Please advise maximum level of gearing used as a percentage of NAV for each Fund over the last 12 months:

Fund Name	Gearing

9 Does any shareholder own directly or beneficially 15% or more of any of the shares or units in any Fund?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Please provide details:

10 What is the projected time frame to reach capacity and close?

Fund Name	Anticipated closing date

DECLARATION

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.

..... NAME CAPACITY
..... SIGNATURE OF THE PROPOSER DATE DD/MM/YYYY

BROKER DETAILS

Broker:	
Contact Person:	Tel:
Email:	Fax number: