

Name of Subsidiary	Location	Date Established	Principal Activity

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 | PROPOSER'S ACTIVITIES

In the last financial year what approximate percentage of the Proposer's total revenues were derived from the following activities?

Leasing	%
Trade Financing	%
Barter, Countertrade or Swap Operations	%
Mergers and Acquisitions Advice	%
Share Placing and New Issues	%
Factoring	%
Venture Capital	%
Overseas Advisory	%
Trust Administration	%
Life Assurance	%
Short-term Insurance	%
Any Other Activity (Please describe)	%

6 | FINANCIAL INFORMATION

1 i) Has the Proposer been acquired by another entity, merged or acquired any other business during the last 5 years?

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

ii) Does any individual or organisation own more than 10% of the equity?

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

2 Please provide the following information:

	Currently or at last date of interim report	At last year-end	At previous year-end
Total Deposits:	R	R	R
Total Loans and Discounts:	R	R	R
Total Funds Under:			
> Discretionary Management	R	R	R
> Non-Discretionary Management	R	R	R
Total Assets:	R	R	R

3 i) State the number of employees in the following categories:

	RSA	Elsewhere
At Head Office		
At Data Processing Centre		
At Branches		
At Subsidiaries		
At Agencies		
At Administration Centre		
Total		

ii) What has been the percentage turnover in the following employment categories during the last twelve months:

	Inward	Outward
Directors (including those of Subsidiaries)	%	%
Employees	%	%

PROFESSIONAL INDEMNITY

1 | PARTICULARS OF COVERAGE

1 State details of similar insurances carried during the previous year, if any:

Professional Indemnity	
Insurers	
Limit of Indemnity	R
Deductible	R
Premium	R

2 State the LIMIT OF INDEMNITY and EXCESS required:

Limit/s	R	or R	or R
Excess/es	R	or R	each and every claim

3 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"/>	Please Specify:

4 Is the Proposer currently involved in any litigation as a defendant which relates to any professional indemnity, fidelity and/or computer crime incident?

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

5 a. 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"/>	Please Specify:

b. 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"/>	Please Specify:

2 | LEGAL ADVISORS

1 State the names of external legal advisors routinely acting for the Proposer:

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2 Do the legal advisors supply written opinions as to the legality of any change in investment or management policy in connection with trusteeship activities?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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3 Does the Proposer have an in-house Legal Department?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If Yes, how many legally qualified individuals does it consist of?
Describe the Department's responsibilities?				

4 Does it offer its services to customers or other Third Parties?

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

3 | DISASTER RECOVERY

Does the Proposer have a comprehensive disaster recovery plan?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Please indicate the procedures in place for disaster recovery

4 | ACTIVITIES

- 1 i) List each takeover or merger situation in which the Proposer acted on behalf of clients in the last twelve months, indicating by asterisk, on behalf of whom the Proposer was acting, and the values involved.

Offeror	Outcome	Offer Value
		Total:

- ii) How many flotations has the Proposer undertaken in the last twelve months?
List each, indicating the share capital involved.

Company	Shares Placed	Value
		Total:

- iii) How many rights issues has the Proposer undertaken in the last twelve months?
List each, indicating the share capital involved.

Company	Shares Placed	Value
		Total:

- 2 Does the Proposer undertake trust activities or discretionary account management?

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

- i) Are all clients' agreements reviewed annually?
- ii) Are all trust/discretionary transactions subject to the same procedures and review as the Proposer's own account transactions?

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

If Not, please describe

.....

.....

.....

iii) State:

a) The number of trust/discretionary accounts	
b) The asset value of the largest managed account	R

- iv) How often are financial reports rendered to clients?

.....

- v) Does the Proposer have an "approved" list of investments/securities which can be recommended to clients?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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3 Is the Proposer involved in fund or investment management activities?

Yes

No

If Yes,

i) Does the Proposer currently maintain a manual containing a written investment policy?

Yes

No

ii) Are trading transactions and positions reviewed for compliance with formal trading policies manual?

Yes

No

iii) Are accounts of trades which exceed set limits identified or rectified or referred to senior management for immediate action?

Yes

No

iv) Do counterparties receive authorised confirmation for all deals prior to settlement?

Yes

No

v) Are responsibilities for investment decisions segregated from accounting activities and custodial responsibilities?

Yes

No

4 Is the Proposer involved in providing insurance services?

Yes

No

If Yes,

i) Do you have and maintain a formal underwriting manual for all classes of insurance?

Yes

No

ii) What is the percentage of business production in the following areas?

a) agents		%
b) direct sales		%
c) brokers		%
d) Other, please specify on a separate page		%

iii) Are payments made directly to you?

Yes

No

iv) Do you have a FAIS licence?

Yes

No

v) Do you have an IGF?

Yes

No

vi) Is the responsibility for the claims department totally segregated from underwriting?

Yes

No

vii) Are the claims reviewed and agreed by a minimum of two authorised individuals before payment is made direct to the Insured?

Yes

No

BLANKET BOND

1 | PARTICULARS OF COVERAGE

1 State the LIMIT OF INDEMNITY and EXCESS required:

Limit/s	R	or R	or R
Excess/es	R	or R	each and every claim

2 i) Has any proposal for insurance of this nature been declined by any Insurance Company or Underwriter?

No

Yes Please Specify:

ii) Has any Policy been cancelled or renewal thereof refused?

No

Yes Please Specify:

2 | EXTERNAL AUDIT

- 1 State the name of the Independent firm of Chartered Accountants or Professional Auditors or other competent Authority who fully audit your Accounts annually.

IN ADDITION PLEASE STATE:

- 2 Frequency of audit (if other than annual):

- 3 Does the audit include all Institution offices, including all Data Processing Centres? Yes No

If Not, describe below, the extent of the audit

- 4 Do the auditors visit all the branches? Yes No

If Yes, please state frequency of visits to branches.

- 5 Does the firm or Authority regularly review the system of internal control and furnish written reports? Yes No

If Yes, do these reports go directly to the Board of Directors?

- Yes No

- 6 Has the Auditing Firm made any recommendations in the last two audits? Yes No

If Yes, please state recommendations and confirm that they have been adopted. If not adopted, please give reasons for not doing so; alternatively please provide the management response?

- 7 Has the Auditing Firm rendered an unqualified opinion for each of the last five years? Yes No

- 8 Has the Auditing Firm been changed in the last five years? Yes No

If Yes, please give details and explain why the change was made.

- 9 Has the Proposer complied with all recommendations made as a result of its most recent audit? Yes No

If Not, have you adopted alternative arrangements to the satisfaction of your auditor?

- 10 Are all entities subject to the same external audits and applicable internal controls, procedures and appropriate physical security standards? Yes No

If Not, please provide full details below.

3 | INTERNAL AUDIT

Are your External Auditors satisfied with the scope/ frequency/ performance of the Internal Audit/ors

 Yes
 No

If Not, please provide full details below.

4 | COMPLIANCE PRACTICES

Does the Proposer have a Compliance Officer?

 Yes
 No

If Yes, please state below, his/her duties and to whom he/she reports.

5 | ACCOUNT MAINTENANCE (if applicable)

1 When is a cheque or savings account considered dormant / inactive?

--

2 Please advise, how are dormant / inactive cheque and savings accounts segregated and controlled.

3 State the maximum amount a teller is authorised to pay in cash in exchange for a withdrawal request or a cheque drawn on the financial institution:

a. Without the approval of an officer	R
b. With the approval of an officer	R

4 Do you permit cashing of cheques or withdrawals against uncollected funds?

 No

<input type="checkbox"/> Yes <input type="checkbox"/>	<i>Please describe circumstances and for which amount:</i>

5 Do you permit cashing of cheques drawn upon other financial institutions?

 No

<input type="checkbox"/> Yes <input type="checkbox"/>	<i>Please describe circumstances and for what maximum amounts:</i>

6 | FUNDS TRANSFER

- 1 i) Does the Proposer use or subscribe to any Electronic Funds Transfer System?

 Yes
 No

Please provide, on notes page, a brief description of the services offered and approximate number of clients.

- ii) Does the Proposer use or subscribe to any Electronic Funds Transfer Systems which allow direct access by clients to the Proposer's data base?

 Yes
 No

Please provide, on notes page, a brief description of the services offered and approximate number of clients.

- iii) Does the Proposer use or subscribe to any Electronic Funds Transfer Systems which allow clients to directly execute a transfer of funds?

 Yes
 No

Please provide, on notes page, a brief description of the services offered and approximate number of clients.

- 2 i) If the Proposer is involved in wire transfers of funds does it specify and define:

	YES	NO
a. Authorised personnel		
b. Authorised personnel of correspondents and corporate customers?		
c. Call-back procedures?		
d. Transfer limits?		

- ii) Are there independent individuals designated to review and reconcile all wire funds transfer transactions at the end of each day?

 Yes
 No

- 3 Describe, on a separate page, the procedures adopted when instructions are received by telephone, whether the instructions are recorded and how long the tapes are kept: a. If the Proposer is involved in wire transfers of funds does it specify and define:

- a) within the Commodity Department (if applicable)
- b) concerning the purchase/sale of stock (if applicable)
- c) within the Foreign Exchange Department (if applicable)

- 4 Transfer/Bank account change requests:

A. INTERNAL

- i) Please describe the procedures in place to validate the authenticity of what appear to be internally generated fund transfer requests?

- ii) Would procedures set out in (i) above apply to requests purporting to have come from the Executive Management (CEO/CFO etc)?

 Yes
 No

B. EXTERNAL (i.e. Customer, Clients and Vendor Requests)

- i) What procedures do you have in place to authenticate the validity of:
a. Requested changes to a third party vendor or customer bank account information held on record?

- b. Customer/client instructions to direct funds to a third party bank account recipient?

ii) If a “call back” is required, is this to a previously established number (i.e. one on record for the vendor or customer and not the contact information contained in the communication requesting a change to account details or a transfer).

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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iii) Are transfer requests or bank information changes accepted solely via electronic communications? If yes, what additional controls are in place to ensure that such requests are genuine and from an authorised person?

No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	<i>If Yes, please provide full details</i>

iv) Is there any system in place to flag and seek additional sign off or confirmation for fund transfers in respect of those which are:

	YES	NO
a. Out of country		
b. To recipients in known high risk jurisdictions (e.g. China)		
c. Over a certain value (if Yes, at what value are transactions subject to such controls)	R	
d. Unusual or inconsistent with previous transfer behaviour		

v) Are controls outlined above equally applicable VIP/High Net Worth customers?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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5 Please explain how the authentication process in 4B above is checked/audited to ensure these processes are followed.

7 | PHYSICAL SECURITY

1 State MAXIMUM value of:

AT:	Bearer or Negotiable Securities	Cash, bullion, precious stones and similar interests
a. Head Office		
b. Main Branches		
c. Other locations		

2 State MAXIMUM amount of cash:

AT:	With any Cashier	At the entire counter of any one location
a. Head Office		
b. Main Branches		
c. Other locations		

3 i) State MAXIMUM amount of cash and bearer and negotiable securities in transit at any one time:

AT:	By armoured motor vehicle Cash Securities	By Messenger/s Cash Securities
a. Head Office		
b. Main Branches		
c. Other locations		

ii) Are the Armoured Motor Vehicle carriers liable for all losses whilst your cash and bearer and negotiable securities in transit are in their possession?

Yes

No

If Yes, for what minimum amount?

R

4 Transit (if applicable):

	Head Office	Main Branches	Other Locations
i) Is transfer of money and negotiable securities usually made by armoured motor vehicle?			
<i>If not, please explain, on notes page, how transfer of money and negotiable securities is usually made.</i>			
ii) In respect of all other transits:			
a. How many messengers do you employ?			
b. Are messengers accompanied by Police or armed guards?			
c. Are trips scheduled at irregular intervals and over varying routes?			
d. Is a private conveyance used?			
e. Do you provide a messenger service for any customers?			
f. Do you make up payrolls for customers and deliver them to factories or other premises of customers?			
g. If so, does your responsibility cease immediately on arrival at customer's premises?			

ELECTRONIC AND COMPUTER CRIME

1 | PARTICULARS OF COVERAGE

1 State the LIMIT OF INDEMNITY and EXCESS required, for your Electronic and Computer Crime Policy

Limit/s	R <input type="text"/>	or R <input type="text"/>	or R <input type="text"/>
Excess/es	R <input type="text"/>	or R <input type="text"/>	each and every claim

2 | DATA PROCESSING

1 Please provide, on a separate page, a general description of the services performed by the Proposer's data processing operations.

2 Does the Proposer provide any of these services for any correspondent bank or other financial institution?

Yes

No

If Yes, please state the bank or financial institution's name

R

3 Is your data processing organisation centralised or decentralised in the following areas:

	Centralised	Decentralised
a. Systems developments, software acquisition		
b. Operation of major systems including telecommunications systems		
c. Acquisition and operation of small computers		
d. Personal computing and decision support systems		

4 Please list the approximate percentage of data processing performed according to the following source categories:

a. In-House Operations	%
b. Arrangement with Holding Company	%
c. Arrangement with Correspondent Bank	%
d. Arrangement with Joint Venture	%
e. Arrangement with Service Vendor (non-bank)	%
f. Arrangement with Subsidiary	%

3 | SECURITY

1 DATA SECURITY OFFICER

- i) Have you designated a Data Security Officer, who is charged with responsibility for the implementation and administration of data security? Yes No
- ii) To whom does the Data Security Officer report?
- iii) Is there a written Data Security Manual outlining corporate policy and standards necessary to ensure security of data? Yes No

2 INTERNAL ELECTRONIC DATA PROCESSING (E.D.P) AUDIT

- Is there an internal E.D.P. Audit Department? Yes No
If Not, how this function is performed?

If Yes,

- i) Is there a written E.D.P. audit and control procedures manual? Yes No
- ii) How many people are employed in the E.D.P. Audit Department?
- iii) Has the internal E.D.P. Auditor been specifically trained to fulfil his responsibilities in Data Processing? Yes No
- iv) Is there a full continuous audit programme in operation?
If Yes, describe on a separate page, state scope of the current audit.
- v) Are written audit reports made? Yes No
- If Yes, to whom?
- vi) Are the people responsible for auditing free of all other operational responsibilities and forbidden to originate entries? Yes No

4 | INPUT AND SYSTEM ACCESS

- i) Are passwords used to afford varying levels of entry to the computer system depending on the need and authorisation of user? Yes No
- ii) Are passwords regularly changed when there is any turnover in knowledgeable personnel? Yes No
- iii) Does the system enforce regular password changes? Yes No
- If Yes, what frequency?
- If passwords are not used, describe, on a separate page, the alternative method used?*

iv) Are all source documents secured to prevent unauthorised modification or use of data before entering the computer system?

 Yes
 No

v) Do personnel inputting data initial, sign or otherwise identify data they prepare?

 Yes
 No

vi) Is the use of terminals restricted only to authorised personnel?

 Yes
 No

vii) Are unique passwords used to identify each terminal?

 Yes
 No

viii) Are remote terminals kept in a physically secure location accessible to authorised personnel only?

 Yes
 No

If Not, please describe, on a separate page, what steps are taken to prevent an unauthorised user from utilising a terminal?

ix) Are your Auditors satisfied with the software security packages to control access to your computer systems?

 Yes
 No

If Not, please explain on a separate page.

x) Are terminals restricted to the type of message that can be sent or received from it?

 Yes
 No

xi) Are special log-on passwords (separate from an individual operators password) used when logging in a terminal to provide verification of the terminals identity?

 Yes
 No

xii) Do you encrypt data?

 Yes
 No

If Yes, please provide details

5 | SERVICE BUREAU COMPUTER SYSTEM

1 Does the Proposer utilise any person, partnership or organisation (other than the Insured) to convert source data to electronic data?

 No

<input type="checkbox"/> Yes <input type="checkbox"/>	<i>Please Specify</i> i) The name of the Service Bureau:
	ii) The services provided:

2 Have all Service Bureaux been authorised by written agreement?

 Yes
 No

3 Does the Proposer require all Service Bureaux utilised to obtain separate fidelity insurance?

 Yes
 No

If Yes, for what minimum amount?

4 Does the Proposer provide bureau facilities to others?

 No

<input type="checkbox"/> Yes <input type="checkbox"/>	<i>Please Specify:</i>

6 | INDEPENDENT CONTRACTORS

1 Does the Proposer utilise independent contractors to prepare electronic computer instructions?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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2 Does the Proposer obtain a written agreement from the independent contractors outlining their responsibilities?

Yes	<input type="checkbox"/>
-----	--------------------------

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

3 Does the Proposer require all independent contractors to obtain separate fidelity insurance?

Yes	<input type="checkbox"/>
-----	--------------------------

No	<input type="checkbox"/>
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If Yes, for what minimum amount?

R	<input type="text"/>
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7 | INTERNET FACILITY / E-COMMERCE

1 Do you provide an internet facility?

Yes	<input type="checkbox"/>
-----	--------------------------

No	<input type="checkbox"/>
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If Yes, do you offer:

i) Product information?

Yes	<input type="checkbox"/>
-----	--------------------------

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

ii) Account balances?

Yes	<input type="checkbox"/>
-----	--------------------------

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

iii) Loan applications?

Yes	<input type="checkbox"/>
-----	--------------------------

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

iv) Account transfers on a pre-authorised basis?

Yes	<input type="checkbox"/>
-----	--------------------------

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

v) Business/ company account management facilities?

Yes	<input type="checkbox"/>
-----	--------------------------

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

vi) Insurance products

Yes	<input type="checkbox"/>
-----	--------------------------

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

vii) On-line securities dealing?

Yes	<input type="checkbox"/>
-----	--------------------------

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

viii) Other, please specify?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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2 Are there formal terms and conditions in place for the use of your Internet facility, which outline the obligations and responsibilities of the users?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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3 How is the identity of the user verified and authenticated?

i) Password?

Yes	<input type="checkbox"/>
-----	--------------------------

No	<input type="checkbox"/>
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ii) Key encryption?

Yes	<input type="checkbox"/>
-----	--------------------------

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

iii) Digital signature?

Yes	<input type="checkbox"/>
-----	--------------------------

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

iv) Other, please specify

Yes	<input type="checkbox"/>
-----	--------------------------

No	<input type="checkbox"/>
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4 Are firewalls and/ or comparable software used to authorise access to your Internet Facility?

Yes	<input type="checkbox"/>
-----	--------------------------

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

5 Do you monitor and produce reports on unauthorised access activity?

Yes	<input type="checkbox"/>
-----	--------------------------

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

6 Do you have a fully tested disaster recovery and business continuity plan?

Yes	<input type="checkbox"/>
-----	--------------------------

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

7 Do you encrypt data whether in your Internet facility or other computer system?

Yes	<input type="checkbox"/>
-----	--------------------------

No	<input type="checkbox"/>
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If Yes, please provide details on a separate page.

8 | AUTOMATED CLEARING HOUSE

1 Do you engage in a system of clearing debits and credits electronically through an Automated Clearing House?

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

2 Do you use such a system to direct deposits of recurring payments

Yes	<input type="checkbox"/>
-----	--------------------------

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

3 Are you on-line to the Automated Clearing House?

Yes	<input type="checkbox"/>
-----	--------------------------

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

4 Identify the Automated Clearing System to which you belong.

Yes	<input type="checkbox"/>
-----	--------------------------

No	<input type="checkbox"/>
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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: