**PROPOSAL FORM**

**Crime and Civil Liability Insurance**

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 SHA 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 have read and fully understood it contents and their possible effect in relation to the contract of insurance that may be entered into consequently.
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
   1. Latest Audited Annual Reports and Interim Reports of the proposer (**consolidated** if subsidiaries are to be included)
   2. Latest Auditing Firm’s Letter of Recommendation to Management and Management’s written response
   3. Copy of Client’s Standard Contract
   4. Copies of the CV’s of all key personnel
   5. Any of the completed Annexures **A to I** that are relevant to your Organisation (and additional requested therein)
   6. Organisation Chart
9. Please note
   1. 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.
   2. 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.

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| MAIN CONTACT REGARDING THIS RISK ASSESSMENT | |
| 1. Name and Surname | Click or tap here to enter text. |
| 1. Position | Click or tap here to enter text. |
| 1. Phone number | Click or tap here to enter text. |
| 1. E-Mail address | Click or tap here to enter text. |

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| COMPANY OVERVIEW | | | | |
| 1. Company name | Click or tap here to enter text. | | | |
| 1. Principal address | Click or tap here to enter text. | | | |
| 1. Postal address | Click or tap here to enter text. | | | |
| 1. Phone number | Click or tap here to enter text. | | | |
| 1. VAT registration number | Click or tap here to enter text. | | | |
| 1. Company registration number | Click or tap here to enter text. | | | |
| 1. Website | Click or tap here to enter text. | | | |
| 1. Date of Date of Incorporation and subsequent re-registration/ name changes | | Click or tap here to enter text. | | |
| 1. Financial year end | Click or tap here to enter text. | | | |
| 1. Total Revenue | Click or tap here to enter text. | | | |
| 1. Total Assets | Click or tap here to enter text. | | | |
| 1. Principal activities | | | | |
| Click or tap here to enter text. | | | | |
| 1. Type of organisation | | | | |
| Sole Proprietor Private Company – (Pty) Ltd  Personal Liability Company – Inc. Public Company – Ltd  State Owned Company – SOC Non-Profit Company – NPC | | | | |
| 1. Are any of the proposer’s subsidiaries to be included (shared limit)? | | | No Yes | |
| If YES, please provide the following details   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name | % Owned | Date created / acquired | Country of incorporation | Activities (if different from parent) | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | | | | |
| *For the rest of the proposal form, questions must be answered in such 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* | | | | |
| 1. Is the proposer party to any joint venture arrangement or partnership agreement?   If YES, please attach details including Partnership Agreements | | | | No Yes |
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| *Please attach a copy of the audited financial statements as at 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* | | | | |

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| BUSINESS ACTIVITIES | | | |
| 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 | (Re) 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 | |  |
| 1. Please further describe activities and % revenue derived from each | | | |
| Click or tap here to enter text. | | | |
| 1. Does the proposer intend on offering any new services in the next 12 months?   If YES, please provide details | | No Yes | |
| Click or tap here to enter text. | | | |

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| REGULATORY COMPLIANCE | | | |
| 1. To which regulatory authorities is the proposer accountable? | | | |
| Click or tap here to enter text. | | | |
| 1. Is the proposer licensed and compliant with all legislation regulating their business?   If NO, please provide details. | | | No Yes |
| Click or tap here to enter text. | | | |
| 1. During the last 5 years, has the proposer received any admonishments or critical directive from the regulatory authorities to whom they are accountable?   If YES, please provide details. | | | No Yes |
| Click or tap here to enter text. | | | |
| 1. Have any complaints been received in the past 5 years?   If YES, please provide details (*nature of complaint and how each was resolved)* | | | No Yes |
| Click or tap here to enter text. | | | |
| 1. Does the proposer have an in-house legal department? | | | No Yes |
| 1. Does the proposer use a standard form of contract, agreement or letter of appointment with regard to services performed? | | | No Yes |
| If YES, are these regularly reviewed? | | | No Yes |
| 1. Are all publications issued by the proposer reviewed by the in-house legal department and /or outside legal advisers? | | | No Yes |
| 1. 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?   If YES, please attach details. | | | No Yes |
| Please provide a list of proposer’s service providers or agents based on the following functions  (n/a if not applicable) | | | |
| 1. Administrator | n/a | Click or tap here to enter text. | |
| 1. Investment Manager | n/a | Click or tap here to enter text. | |
| 1. Custodian | n/a | Click or tap here to enter text. | |
| 1. Stockbroker | n/a | Click or tap here to enter text. | |
| 1. Investment Advisor | n/a | Click or tap here to enter text. | |
| 1. Actuary | n/a | Click or tap here to enter text. | |
| 1. External Auditor | n/a | Click or tap here to enter text. | |
| 1. Cash in Transit | n/a | Click or tap here to enter text. | |
| 1. Electronic Data Processing Media Carrier | n/a | Click or tap here to enter text. | |

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| STAFF AND LOCATIONS | | | | | |
| 1. South Africa | No. of Staff |  | No. of Locations |  | |
| Rest of Africa | No. of Staff |  | No. of Locations |  | |
| Rest of World | No. of Staff |  | No. of Locations |  | |
| 1. Please list the names and qualifications of all key personnel / key individuals  |  |  |  |  | | --- | --- | --- | --- | | Name | Length of Service | Qualifications | Specific Responsibilities | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | | | |
| 1. Does the proposer ensure continuing professional development of its professionals?   If NO, please provide details on how the proposer ensures that its professionals continue to be competent in the rendering of their professional services. | | | | | No Yes |
| Click or tap here to enter text. | | | | | |
| 1. Are any branches and subsidiaries allowed to maintain different operational procedures than Head Office / parent company? | | | | | No Yes |
| If YES, is prior approval required from Head Office / parent company? | | | | | No Yes |
| 1. Are criminal history, employment history and credit checks performed on all employees including when recruiting new employees? | | | | | No Yes |
| * 1. Are all employees required to take an uninterrupted, two-week holiday each calendar year? | | | | | No Yes |
| * 1. Are there established employee leaving procedures, including termination of access to computer systems? | | | | | No Yes |
| * 1. Is dual control maintained over the handling of: | | | | | No Yes |
| * + 1. Securities? | | | | | No Yes |
| * + 1. Company / corporate cheques? | | | | | No Yes |
| * + 1. Dormant accounts (if inactive for longer than 3 months?) | | | | | No Yes |
| * + 1. Access codes, test keys? | | | | | No Yes |
| * 1. Is there a process in place to have and independent employee check the payroll to ensure that it is accurate and correct, including, but not limited to account numbers and active employees only? | | | | | No Yes |
| If this function is outsourced, is there an audit protocol included in the agreement? | | | | | No Yes |
| * 1. Have any employees been dismissed for any fraudulent activities / dishonesty during the last 12 months? | | | | | No Yes |
| If YES, please provide details for each dismissal | | | | | |
| Click or tap here to enter text. | | | | | |

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| AUDITS | |
| 1. Do External Auditors audit all operations at least annually?   If NO, please provide details | No Yes |
| Click or tap here to enter text. | |
| 1. Have all recommendations by External Auditors regarding internal controls been complied with following last audit?   If NO, please provide detail | No Yes |
| Click or tap here to enter text. | |
| 1. Is there an audit and risk committee which monitors the effectiveness of internal controls and reports directly to the Board?   If NO, please provide details below on how the board and accounting officer of the company gain the assurance they require on governance, risk management, the control environment and the integrity of the financial statements? | No Yes |
| Click or tap here to enter text. | |
| If YES, please attach the following   * + 1. Audit and Risk Committee Terms of Reference     2. Audit and Risk Committee Charter     3. Audit and Risk Committee calendar of activities     4. Audit and Risk Committee Performance Evaluation | |
| 1. Is there an Internal Audit Department which has separate duties from the auditing services provided by an external accountant? | No Yes |
| If YES, |  |
| 1. Is there an established audit cycle, which encompasses all operations? | No Yes |
| 1. Is the Internal Audit department independent of any other function? | No Yes |
| 1. 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? | No Yes |
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| 1. How often are full internal audits conducted? | Click or tap here to enter text. |
| 1. Are all directors and employees required to declare their outside business interests and specify relationships which could lead to possible conflicts of interest? | No Yes |
| SHA reserves the right to call for relevant extracts from audit and risk committee minutes during the claim process. | |

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| INTERNAL FINANCIAL CONTROLS | |
| *(If the answer to any of the following questions is NO, please give full details of any alternative methods of control)* | |
| 1. Has a framework for internal financial controls been identified for the company? | No Yes |
| 1. Does the framework include operations and regulatory compliance? | No Yes |
| 1. Has the internal controls been mapped to the framework defined? | No Yes |
| 1. Is the proposer educating leadership, executive management and control owners regarding the content in the framework? | No Yes |
| 1. Based on the defined framework, are there any gaps in current processes, control activities, or documentation and, if so, how are these being addressed? | |
| Click or tap here to enter text. | |
| 1. What policies are in place and who is responsible for communicating internal control considerations to external parties (e.g. third-party service providers)? Please provide details. | |
| Click or tap here to enter text. | |
| 1. Does the proposer use information technology and data analytics to help continuously monitor internal control systems? | No Yes |
| 1. 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: | |
| 1. Signing cheques or authorising payments? | No Yes |
| 1. Issuing fund transfer instructions? | No Yes |
| 1. Amending fund transfer procedures? | No Yes |
| 1. Opening new accounts, including new vendors, suppliers, service providers etc.? | No Yes |
| 1. Refunding monies or returning of goods or issuing and any other credit or refund? | No Yes |
| 1. Awarding contracts following a tender? | No Yes |
| 1. Loading or updating payment beneficiary details? | No Yes |
| 1. How does the proposer ensure that payments are made to the legitimate / correct bank account? | |
| Click or tap here to enter text. | |
| 1. Are all supporting documents validated before authorising payments? | No Yes |
| 1. Is petty cash kept and a quarterly independent check of vouchers, receipt and cash balance made? | No Yes |
| 1. Are cashbook 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? | No Yes |
| 1. Are monthly bank account statements reconciled in a timely manner? | No Yes |
| 1. What is the approximate annual value of fund transfers? | Click or tap here to enter text. |

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| COMPUTER SYSTEMS | |
| 1. Does the proposer have a dedicated individual responsible for Information Security? | No Yes |
| 1. Has the proposer implemented an information security policies/procedures and communicated these to employees? | No Yes |
| 1. Are security policies reviewed on at least an annual basis? | No Yes |
| 1. 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? | No Yes |
| 1. Is there a continuous and least annual awareness training programme for employees regarding data privacy/security, including legal liability and social engineering issues? | No Yes |
| 1. How long after termination of employment are user access privileges revoked? | Click or tap here to enter text. |
| 1. Is write access to USB drives disabled for all employees? | No Yes |
| 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?   If NO, describe the alternative methods used to protect access to the computer system. | No Yes |
| Click or tap here to enter text. | |
| 1. Are passwords changed regularly? | No Yes |
| 1. 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? | No Yes |
| 1. Does the proposer utilise any recognised software packages to control access to your computer system? | No Yes |
| If YES, does the proposer modify such software to their own specifications? | No Yes |
| 1. Are programming and processing operations separated physically and as to personnel involved? | No Yes |
| 1. Can programming staff operate the live system? | No Yes |
| 1. Are there at least two employees on duty during any Data Processing shift? | No Yes |
| 1. Is access to Data Processing premises restricted to authorised personnel only? | No Yes |
| 1. Are employees allowed remote access to the company’s main computer facilities? | No Yes |
| If YES: |  |
| 1. Is access controlled by ‘one time’ password systems? | No Yes |
| 1. Is access limited to non-sensitive systems and data? | No Yes |
| 1. Is the message traffic protected by encryption? | No Yes |
| If NO, please provide further details on controls in place. | |
| Click or tap here to enter text. | |
| 1. Is there cyber breach / malware etc. protection software / firewall installed? | No Yes |
| If YES, is this upgraded on a regular basis? | No Yes |
| 1. Is intrusion / unauthorised access activity / breaches monitored and reported on a 24 hour basis to penetration specialists? | No Yes |
| If YES, is this an external service provider or internal employees? | No Yes |
| 1. Does the proposer use or subscribe to any Electronic Funds Transfer Systems? | No Yes |
| 1. Does the Proposer use or subscribe to any Electronic Funds Transfer Systems which allow direct access by clients to the Proposer’s database?   If YES, please specify which one | No Yes |
| Click or tap here to enter text. | |
| 1. Does the Proposer use or subscribe to any Electronic Funds Transfer Systems which allow clients to directly execute a transfer of funds? | No Yes |
| 1. Does the Proposer permit the initiation of Funds Transfer by telephone instruction from clients? | No Yes |
| If YES, do all clients to whom this facility is available complete written agreements outlining legal responsibilities, transfer limits and callback parameters for verification? | No Yes |
| If YES, please attach agreement.  If NO, please elaborate on the call-back parameters for verification | |
| Click or tap here to enter text. | |
| 1. Are all conversations, including these instructions, recorded? | No Yes |
| 1. Please describe the procedures adopted when instructions are received telephonically? |  |
| Click or tap here to enter text. | |

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| LOSS INFORMATION | |
| *(If the answer to any of the following questions is YES, please attach full details)* | |
| 1. Is the Proposer currently involved in any litigation as a defendant relevant to coverage sought? | No Yes |
| 1. Has any application made by the Proposer or its predecessors in business for Professional Indemnity / Civil or Fidelity Guarantee / Crime Insurance ever been declined? | No Yes |
| 1. Has any Professional Indemnity / Civil or Fidelity Guarantee / Crime Policy in the name of the Proposer or its predecessors in business ever been cancelled? | No Yes |
| 1. 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 | | 1. Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | 1. Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | 1. Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | 1. Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | 1. Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | |
| 1. Please describe corrective measures taken to prevent similar losses as well as any actions taken against the perpetrator(s) | |
| * + 1. Click or tap here to enter text. | |
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| INSURANCE HISTORY AND REQUIREMENTS | | | | | | | |
| 1. Details of current Crime and Civil Liability; Bankers Blanket Bond/ Computer and Electronic Crime/ Professional Indemnity or similar insurance | | | | | | | |
| Limit of Indemnity | | | Aggregate Any One Claim | | Click or tap here to enter text. | | |
| Retention | | | Click or tap here to enter text. | | | | |
| Retroactive Date | | | Click or tap here to enter text. | | | | |
| Expiry Date | | | Click or tap here to enter text. | | | | |
| *Please attach expiry policy and wording in order for us to revert with a comparable quotation. Premium information may be redacted* | | | | | | | |
| 1. Coverage Requirements | | | | | | | |
| Limit of Indemnity | | Combined Single Limit of Indemnity - ALL Sections  Applies per Section | | | | | |
| Option 1 | | Option 2 | | Option 3 | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | |
|  | | | | | | | |
| Each and Every Claim Excess | | Option 1 | | Option 2 | | Option 3 | |
| Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. | |
| 1. Extensions required   (A*lways subject to the policy terms, conditions and exclusions*): | | | | | | | |
| Crime Section | **Unidentifiable Employees Clause**  *If a loss is alleged to have been caused by the fraud or dishonesty of any of the employees and the Insured shall be unable to designate the specific Employee or Employees causing the loss, the Insured’s claim in respect of such loss shall not be invalidated by their inability so to do* | | | | | |  |
| **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* | | | | | |  |
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| Civil 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* | | | | | |  |
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| All Sections | **No Claims Bonus**  *No Claim Bonus shall be offered as a return premium subject to No Claims being paid, nor any matters notified and renewal being offered to and obtained by existing SHA* | | | | | |  |
| **Aggregate Reinstatement**  *If limit of indemnity is reduced by reason of a claim being paid, the Limit of Indemnity shall be automatically reinstated (one time) to the amount of such reduction* | | | | | |  |
| **New Subsidiaries**  *Newly acquired/created subsidiaries will be included subject to certain conditions being met* | | | | | |  |

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| INFORMATION ATTACHED TO THE FORM | |
| 1. Latest Audited Annual Reports and Interim Reports of the proposer (consolidated if subsidiaries are to be included) |  |
| 1. Latest Auditing Firm’s Letter of Recommendation to Management and Management’s written response |  |
| 1. Copy of Client’s Standard Contract |  |
| 1. Copies of the CV’s of all key personnel |  |
| 1. Any of the completed Annexures A to I that are relevant to your Organisation (and additional requested therein) |  |
| 1. Organisation Chart |  |
| 1. Newly established companies – business plan, 5 year financial forecast |  |

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| DECLARATIONS | | | |
| 1. I/We declare that the above statements are true and complete 2. At the present time, other than as stated above, l/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 3. I/We declare that, in the event of this being a renewal of a policy currently insured via SHA Risk Specialists a division of Santam Limited, 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 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. 5. Due to SHA’s FSCA Licensing status and, in light of the requirements set out in the Protection of Personal Information Act 2013 (POPIA), 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 would prefer to be contacted in the unlikely event that we should need to contact you directly.   SMS E-Mail Phone Mobile Post | | | |
|  | | **Chairman** | **Managing Directors / CEO** |
| Name | Click or tap here to enter text. | | Click or tap here to enter text. |
| Signature |  | |  |
| Date | Click or tap to enter a date. | | Click or tap to enter a date. |

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| 1. Investment Advisor / Manager and Administration | | | | |
| 1. Does the proposer provide Fund Administration services? | | No Yes | | |
| If YES, please specify the jurisdictions in which the offices are located and the fee income during the last financial year for these respective offices | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Jurisdiction | Currency | Basic Fee Income | Performance Related Fee Income | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | | | | |
| 1. What type of funds are administered? | Click or tap here to enter text. | | | |
| 1. Are officers and employees of the proposer appointed as directors of the individual companies which are administered? | | | | No Yes |
| 1. 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? | | | | |
| Click or tap here to enter text. | | | | |
| 1. Does the proposer 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? | | | | No Yes |
| 1. 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 | Click or tap here to enter text. | Click or tap here to enter text. | | The value of the single largest account | Click or tap here to enter text. | Click or tap here to enter text. | | The total fees earned by this service | Click or tap here to enter text. | Click or tap here to enter text. | | Asset value of lost accounts | Click or tap here to enter text. | Click or tap here to enter text. | | Market value of Discretionary Accounts | Click or tap here to enter text. | Click or tap here to enter text. | | Number of Discretionary Accounts | Click or tap here to enter text. | Click or tap here to enter text. | | Market value of Non-Discretionary Accounts | Click or tap here to enter text. | Click or tap here to enter text. | | Number of Non-Discretionary Accounts | Click or tap here to enter text. | Click or tap here to enter text. | | Total Value of Funds Under Management | Click or tap here to enter text. | Click or tap here to enter text. | | | | | |
| 1. 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? | | | No Yes | |
| 1. Do clients complete a written document that clearly identifies and states the client’s investment objectives? | | | No Yes | |
| 1. Are all client agreements reviewed annually? | | | No Yes | |
| 1. Are responsibilities for investment decisions segregated from accounting and custodial activities? | | | No Yes | |
| 1. How often do clients receive statements regarding their portfolio(s)? | | | Click or tap here to enter text. | |
| 1. Does the Applicant have set procedures in place to ensure: | | | | |
| * 1. Any unauthorised or trading errors are identified, monitored and ,where necessary, rectified | | | No Yes | |
| * 1. Any breaches of pre-agreed investment restrictions are recognised and rectified? | | | No Yes | |
| * 1. A formalised due diligence process is followed when assessing any given investment or investment strategy? | | | No Yes | |
| 1. Have there been any changes or modification in the investment restrictions or limitations of any fund within the past 2 years? | | | No Yes | |
| If YES, please give details on a separate sheet (or provide new prospectus). | | | | |
| 1. Have there been any material changes in the administrative procedures or the investment policies of any fund within the past 2 years?   If YES, please give full details | | | No Yes | |
| Click or tap here to enter text. | | | | |
| 1. 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?   If NO, please provide further details of the alternative procedures in place. | | | No Yes | |
| Click or tap here to enter text. | | | | |
| 1. Has any fund for which cover is required: | | | | |
| * 1. Been subject to a regulatory review? | | | No Yes | |
| * 1. Had a drop in the Net Asset Value during any given 12 months exceeding 50% of its original Net Asset Value? | | | No Yes | |
| * 1. Been restructured or is likely to be liquidated or restructured over the next 12 months?   If you answered YES to any of the above, please provide details | | | No Yes | |
| Click or tap here to enter text. | | | | |

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| --- | --- |
| 1. Is each fund managed by the Applicant subject to an annual audit?   If NO, please provide details | No Yes |
| Click or tap here to enter text. | |
| 1. 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: | No Yes |
| |  |  |  | | --- | --- | --- | | Territory | Percentage of Total Managed Fund Fees (%) | Percentage of Funds Under Management (%) | | South Africa | Click or tap here to enter text. | Click or tap here to enter text. | | Rest of Africa | Click or tap here to enter text. | Click or tap here to enter text. | | North America | Click or tap here to enter text. | Click or tap here to enter text. | | Europe | Click or tap here to enter text. | Click or tap here to enter text. | | UK | Click or tap here to enter text. | Click or tap here to enter text. | | Asia | Click or tap here to enter text. | Click or tap here to enter text. | | Australia | Click or tap here to enter text. | Click or tap here to enter text. |  |  |  |  | | --- | --- | --- | | Investment Strategy | Percentage of Total Managed Fund Fees (%) | Percentage of Funds Under Management (%) | | Listed Equity | Click or tap here to enter text. | Click or tap here to enter text. | | Unlisted Equity | Click or tap here to enter text. | Click or tap here to enter text. | | Debt - Structured | Click or tap here to enter text. | Click or tap here to enter text. | | Debt - Unstructured | Click or tap here to enter text. | Click or tap here to enter text. | | Property | Click or tap here to enter text. | Click or tap here to enter text. | | Commodities | Click or tap here to enter text. | Click or tap here to enter text. | | Derivatives | Click or tap here to enter text. | Click or tap here to enter text. | | |
| 1. Please provide the following information for any fund for which cover is required (and attach Fund Fact Sheets / minimum disclosure documents):    1. Fund name    2. Country of registration    3. Current financial year Net Asset Value (reflect currency)    4. Previous financial year Net Asset Value (reflect currency)    5. Open or Closed    6. % invested by Applicant | |

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| --- | --- | --- | --- | --- | --- |
| 1. Trading / Dealing | | | | | |
| 1. Please state % of your accounts | | | | | |
| Individual | Click or tap here to enter text. | | | Corporate | Click or tap here to enter text. |
| Institutional | Click or tap here to enter text. | | | Others | Click or tap here to enter text. |
| 1. Does any person (group of companies) account for more than 20% of the Proposer’s income | | | | | No Yes |
| If YES, please state the percentage of income derived from such client. | | | | | Click or tap here to enter text. |
| 1. Please state the percentage of revenue derived from the following | | | | | |
|  | | | **Current Year (%)** | | **Previous Year (%)** |
| Listed shares | | | Click or tap here to enter text. | | Click or tap here to enter text. |
| Unlisted shares | | | Click or tap here to enter text. | | Click or tap here to enter text. |
| Bonds | | | Click or tap here to enter text. | | Click or tap here to enter text. |
| Options | | | Click or tap here to enter text. | | Click or tap here to enter text. |
| Commodity futures | | | Click or tap here to enter text. | | Click or tap here to enter text. |
| International shares | | | Click or tap here to enter text. | | Click or tap here to enter text. |
| Listed unit trusts | | | Click or tap here to enter text. | | Click or tap here to enter text. |
| Direct private placement | | | Click or tap here to enter text. | | Click or tap here to enter text. |
| 1. What is the total annual revenue from brokerage commissions? | | | | | |
| Current Year | | Click or tap here to enter text. | | | |
| Previous Year | | Click or tap here to enter text. | | | |
| 1. Are there defined and communicated formal trading policies and dealing limits? | | | | | No Yes |
| 1. How frequently are trading positions reviewed for compliance with formal trading policies and investment mandates? | | | | | Click or tap here to enter text. |
| 1. Are accounts of trades which exceed set limits identified or rectified or referred to senior management for immediate action? | | | | | No Yes |
| 1. Do trade counterparties receive authorised confirmation of all deals prior to settlement? | | | | | No Yes |
| 1. Is the investment portfolio periodically substantiated against recorded values independently of the dealer and fund manager? | | | | | No Yes |
| 1. Are responsibilities for investment decisions segregated from accounting activities and custodial responsibilities? | | | | | No Yes |

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| --- | --- |
| 1. Please list membership of all Stock Exchanges, trading markets and exchanges including overseas where applicable. | |
| Click or tap here to enter text. | |
| 1. Are client instructions recorded on receipts? | No Yes |
| 1. Are all client instructions time-stamped? | No Yes |
| 1. Are procedures adopted to ensure that an appropriate client agreement or terms of business letter is in force? | No Yes |
| 1. Are procedures adopted to ensure that all client instructions have subsequently been processed | No Yes |
| 1. Are records of unfulfilled instructions maintained? | No Yes |
| 1. Are procedures adopted to ensure that the capacity in which the firm is instructed to act is recorded (that is as agent or principal)? | No Yes |
| 1. What transaction limits are imposed on employees? | Click or tap here to enter text. |
| 1. What review procedures are adopted and by whom in order to ensure that employees transactions comply with internal rules? | Click or tap here to enter text. |
| 1. Are all open balances of whatever nature reconciled and checked against Stock Exchange accounts? | No Yes |
| 1. Are reconciliations for all sundry and suspense accounts prepared and reviewed by a senior employee? | No Yes |
| 1. Does the company have direct market access (DMA) to the JSE? | No Yes |
| 1. Are automated trading programs used as a method of trading? | No Yes |
| 1. Are algorithmic trading programs used? | No Yes |
| 1. What percentage of total trading revenue is derived therefrom | Click or tap here to enter text. |
| 1. What percentage of annual orders are manually booked and executed by traders (i.e. non-algorithmic)? | Click or tap here to enter text. |
| 1. Approximately what percentage of total loaded orders are never executed? | Click or tap here to enter text. |
| 1. Does the firm participate in any off the exchange deals? | No Yes |
| If YES, are these deals disclosed to the JSE? | No Yes |
| 1. Does the Proposer have a formal, documented dispute resolution procedure? | No Yes |
| 1. How many were unresolved after 60 days? | Click or tap here to enter text. |

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| --- | --- |
| 1. (Re) Insurance Company | |
| 1. Please indicate the nature of the proposer’s primary operations | |
| Click or tap here to enter text. | |
| 1. Please complete the following table | |
| |  |  |  | | --- | --- | --- | |  | Current Year End | Previous Year End | | Gross Written Premium Income | Click or tap here to enter text. | Click or tap here to enter text. | | Net Written Premium Income | Click or tap here to enter text. | Click or tap here to enter text. | | Net Insurance Claims | Click or tap here to enter text. | Click or tap here to enter text. | | Combined Operating Ratio | Click or tap here to enter text. | Click or tap here to enter text. | | Solvency Ratio | Click or tap here to enter text. | Click or tap here to enter text. | | Capital Adequacy Requirements (CAR) cover | Click or tap here to enter text. | Click or tap here to enter text. | | |
| 1. Please indicate the insurance services the Proposer is currently offering or planning to offer for | |
| |  |  |  | | --- | --- | --- | |  | Policyholders | Other | | Claims Adjusting and Handling | No Yes | No Yes | | Insurance Risk Management | No Yes | No Yes | | Safety Engineering | No Yes | No Yes | | Loss Control | No Yes | No Yes | | Rehabilitation | No Yes | No Yes | | Salvage | No Yes | No Yes | | Subrogation | No Yes | No Yes | | Premium Financing | No Yes | No Yes | | Actuarial | No Yes | No Yes | | Insurance Pool Management | No Yes | No Yes | | |
| 1. Has the Proposer entered into any new classes of business in the past 3 years?   If YES, provide details | No Yes |
| Click or tap here to enter text. | |

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| --- | --- |
| 1. Does the Proposer or any of its Subsidiaries currently participate or manage any scheme?   If YES, provide details | No Yes |
| Click or tap here to enter text. | |
| 1. If outside adjustment services are used, please state the percentage of claims which are handled by outside adjustment services. | Click or tap here to enter text. |
| 1. Does the Proposer use agents or third party administrators to negotiate and settle claims?   If YES, | No Yes |
| How many agencies or third party administrators are used? | Click or tap here to enter text. |
| What is the maximum authority? | Click or tap here to enter text. |
| 1. Are there established procedures for handling claims or suits against the Proposer for professional liability, extra contractual liability or punitive damages?   If YES, describe procedures and when such procedures were established. | No Yes |
| Click or tap here to enter text. | |
| 1. How often are these procedures reviewed and analysed? | Click or tap here to enter text. |
| 1. Do you operate a formal underwriting manual covering all classes of insurance business written? | No Yes |
| 1. Please indicate where business production is obtained from as a percentage of the following | |
| |  |  |  | | --- | --- | --- | |  | Current Year End (%) | Previous Year End (%) | | Agents | Click or tap here to enter text. | Click or tap here to enter text. | | Brokers | Click or tap here to enter text. | Click or tap here to enter text. | | Direct Sales | Click or tap here to enter text. | Click or tap here to enter text. | | Other  Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | |
| 1. Are those designated to receive premium operationally segregated in the day-to-day handling of the business? | No Yes |
| 1. Is responsibility for claims inspections and settlement segregated from underwriting? | No Yes |
| 1. Are claims payments agreed to by at least two authorised staff members? | No Yes |

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| --- | --- |
| 1. Investment Banking | |
| 1. Please indicate the Gross Total Revenue derived from Investment banking activities | |
| |  |  |  | | --- | --- | --- | | Location | Current Year Gross Revenue | Previous Year Gross Revenue | | South Africa | Click or tap here to enter text. | Click or tap here to enter text. | | Rest of Africa | Click or tap here to enter text. | Click or tap here to enter text. | | Rest of World (Specify) | Click or tap here to enter text. | Click or tap here to enter text. | | |
| 1. Approximately what proportion of the above is fee / advice related versus success / profit related? | Click or tap here to enter text. |
| 1. Please show the breakdown of Gross Total Revenue in the investment banking operations for the last financial year | |
| |  |  |  | | --- | --- | --- | |  | Current Year | Last Year | | M&A / Corporate Advisory | Click or tap here to enter text. | Click or tap here to enter text. | | Equity – New Issuance | Click or tap here to enter text. | Click or tap here to enter text. | | Debt – New Issuance (Corporate Debt) | Click or tap here to enter text. | Click or tap here to enter text. | | Debt – New Issuance (Structured Finance Debt) | Click or tap here to enter text. | Click or tap here to enter text. | | Debt – New Issuance (Convertible Structures) | Click or tap here to enter text. | Click or tap here to enter text. | | Other (please provide details by attachment) | | | | |
| 1. 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 | | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | | |
| 1. Has the proposer been involved in any incomplete or failed transactions in the last 12 months?   If YES, please provide details including the number of incomplete or failed transactions | No Yes |
| Click or tap here to enter text. | |

| 1. Has the proposer acted on behalf of its clients in the last 3 years in any takeover or merger? | No Yes | |
| --- | --- | --- |
| 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) | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | | |
| 1. Has the Proposer advised on or underwritten any flotations in the last 12 months? | | No Yes |
| 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) | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | | |
| 1. Has the Proposer advised on or underwritten any rights issues in the last 12 months? | No Yes | |
| 1. Please detail the Proposer’s procedures implemented to ensure adequacy of due diligence reviews | | |
| Click or tap here to enter text. | | |
| 1. With respect to any investment banking transaction, please outline the Proposer’s internal guidelines as to when an independent outside review is required. | | |
| Click or tap here to enter text. | | |
| 1. 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. | | |
| Click or tap here to enter text. | | |

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| --- | --- |
| 1. Real Estate Investment Trust | |
| 1. Value of Assets Under Management / company market capitalization | Click or tap here to enter text. |
| 1. Investment objectives of the fund and provide expected returns for unit holders | |
| |  |  |  | | --- | --- | --- | | % Holding per sector | Commercial | Click or tap here to enter text. | | **Office** | Click or tap here to enter text. | | **Residential** | Click or tap here to enter text. | | **Hospitality** | Click or tap here to enter text. | | **Other** | Click or tap here to enter text. | | |
| 1. Activities undertaken by the proposer | |
| |  |  |  |  | | --- | --- | --- | --- | | Property Management | | | | | Property administration | | | No Yes | | Letting | | | No Yes | | Client retention and renewals | | | No Yes | | Rent collection | | | No Yes | | Facilities management (cleaning, landscaping, electrical/mechanical services) | | | No Yes | | Property Asset Management | | | | | Management of the portfolio of assets of the fund | | | No Yes | | Portfolio reporting | | | No Yes | | Monitoring and monthly returns | | | No Yes | | Marketing services | | | No Yes | | Investment advice and market research | | | No Yes | | Valuation of assets (land, building plant and machinery) | | | No Yes | | Other (please specify) | | Click or tap here to enter text. | | | Property Development | | | | | Due diligence for property acquisition or new development | | | No Yes | | Project management of new developments, refurbishments and extensions  (construction risk) | | | No Yes | | Other (please specify) | Click or tap here to enter text. | | | | South African exposure | Click or tap here to enter text. | | | | African exposure | Click or tap here to enter text. | | | | Other (please specify | Click or tap here to enter text. | | | | |

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| --- |
| 1. Vacancy levels |
| |  |  |  | | --- | --- | --- | | Previous Year | Current Year | Next 12 months | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | |
| 1. Please provide debt maturity profile for the next 24 months as a percentage of total debt |
| |  |  | | --- | --- | | Current 12 months | Click or tap here to enter text. | | Next 12 months | Click or tap here to enter text. | |
| 1. Details of the independent Trustee appointed to look after the interests of debenture holders (Please attach trust deed) |
| |  |  |  | | --- | --- | --- | | Name | Qualification | Years of Service | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | |

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| --- | --- |
| 1. Bank | |
| If answered NO to any of the questions in this section, please describe alternative method or type of protection on a separate sheet. | |
| 1. Please state maximum number of | |
| |  |  |  |  | | --- | --- | --- | --- | |  | Head Office | Main Branches | Other locations | | 1. Bearer of negotiable securities | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | 1. Cash, bullion, precious stones and similar interests | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | |
| 1. Please state maximum amount of cash | |
| |  |  |  |  | | --- | --- | --- | --- | |  | Head Office | Main Branches | Other locations | | 1. With any cashier | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | 1. Entire counter of any one location | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | |
| 1. State maximum amount of cash, bearer and negotiable securities in transit at any one time | |
| |  |  |  |  | | --- | --- | --- | --- | |  | Head Office | Main Branches | Other locations | | 1. By armoured motor vehicle | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | 1. By messengers | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | |
| 1. Are the armored motor vehicles or cash/asset in transit contractors or carriers held totally liable for all losses whilst your cash, bearer, and negotiable securities in transit are in their possession? | No Yes |
| 1. Is joint custody established and maintained for the safeguarding of: | |
| 1. Property while in safes or vaults | No Yes |
| 1. All keys to safes and vaults | No Yes |
| 1. Codes, ciphers and test keys | No Yes |
| 1. Is dual control established and maintained for the handling of: | |
| * 1. All types of securities, negotiable and non-negotiable instruments, un-issued and blank forms | No Yes |
| * 1. The reserve supply of official cheques, drafts and un-issued travelers cheques | No Yes |
| * 1. Dormant accounts of depositors | No Yes |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Vaults / Strong rooms and safes  |  |  |  |  | | --- | --- | --- | --- | |  | Head Office | Main Branches | Other locations | | 1. Are there vaults, strong rooms or safes on the premises? | No Yes | No Yes | No Yes | | 1. Are they equipped with a dial combination lock? | No Yes | No Yes | No Yes | | 1. Are they equipped with a time lock? | No Yes | No Yes | No Yes | | 1. Are they equipped with a lockable day gate? | No Yes | No Yes | No Yes | | 1. Are the walls, floors and ceilings made of reinforced concrete and lined with steel? | No Yes | No Yes | No Yes | | 1. Thickness of walls | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | 1. Are doors made of arc, torch and drill resistive materials? | No Yes | No Yes | No Yes | | 1. Do you have an anti-explosive device in the doors? | No Yes | No Yes | No Yes | | |
| 1. Doors, windows and alarms | |
| |  |  |  |  | | --- | --- | --- | --- | |  | Head Office | Main Branches | Other locations | | 1. Are all doors fitted with substantial locks? | No Yes | No Yes | No Yes | | 1. Are all windows fitted with substantial locks or barred? | No Yes | No Yes | No Yes | | 1. Are there alarm systems against breaking and entering, robbery or theft? | No Yes | No Yes | No Yes | | 1. Are alarm systems connected to a central station? | No Yes | No Yes | No Yes | | 1. Are alarm systems connected to a police station? | No Yes | No Yes | No Yes | | 1. Are alarm systems connected elsewhere? Please specify | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | |
| 1. Teller positions | |
| |  |  |  |  | | --- | --- | --- | --- | |  | Head Office | Main Branches | Other locations | | 1. Are there alarm systems against robbery? | No Yes | No Yes | No Yes | | 1. Does each teller have a robbery alarm button or pedal? | No Yes | No Yes | No Yes | | 1. Are tellers’ positions protected by anti-bandit glass? | No Yes | No Yes | No Yes | | 1. Are tellers’ positions separated from the rest of the institution hall by a suitable partition with doors kept locked during institution hours? | No Yes | No Yes | No Yes | | 1. Are all cashiers cash holdings taken to a safe / vault when vault is closed? | No Yes | No Yes | No Yes | | 1. Are cashiers provided with “Bait” or “Decoy” money? | No Yes | No Yes | No Yes |   *“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* | |
| 1. Guards | |
| |  |  |  |  | | --- | --- | --- | --- | |  | Head Office | Main Branches | Other locations | | 1. Do police patrol and inspect premises? | No Yes | No Yes | No Yes | | 1. Do you have armed guards by night? | No Yes | No Yes | No Yes | | 1. Do you have armed guards by day? | No Yes | No Yes | No Yes | | 1. Are they provided by police? | No Yes | No Yes | No Yes | | 1. Are they provided by an agency? | No Yes | No Yes | No Yes | | 1. Are they provided by the institution itself? | No Yes | No Yes | No Yes | | 1. Are they protected by bulletproof cages? | No Yes | No Yes | No Yes | | 1. How many watchmen do you employ? | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | |
| 1. Transit | |
| * 1. Does the proposer transport property including cash securities or is this outsourced to a specialised security company? | No Yes |
| * 1. Please confirm the types of property transported | Click or tap here to enter text. |
| * 1. How are your own transits conducted i.e. via unmarked motor vehicle, on foot etc. | Click or tap here to enter text. |
| * 1. Number and value of these transits per annum | Click or tap here to enter text. |
| * 1. Average amount per conveyance and per container | Click or tap here to enter text. |
| * 1. Please confirm the single largest individual transit | Click or tap here to enter text. |
| * 1. How far in advance are staff members made aware of the routes and amounts carried prior to leaving the premises? | Click or tap here to enter text. |
| * 1. How often are staff members circulated between positions? | Click or tap here to enter text. |
| * 1. How are these employees screened prior to appointment? | Click or tap here to enter text. |
| * 1. What security measures are in place to protect the staff members and property | Click or tap here to enter text. |
| * 1. 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? | No Yes |
| * 1. 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? | No Yes |
| * 1. Please specify other protection devices such as camera systems, electrical money traps or any other security measures not mentioned herein. | Click or tap here to enter text. |

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| --- | --- |
| 1. Are Private Banking Services offered to your client’s? | No Yes |
| If YES, please answer the following | |
| * 1. How many employees are involved in private banking? | Click or tap here to enter text. |
| * 1. Which products do they promote | Click or tap here to enter text. |
| 1. In respect of client relationship managers | |
| * 1. Is dual control maintained over all activities involving trades, cash or other valuables | No Yes |
| * 1. Do you monitor suitability of procedures in respect of investment advice to clients? | No Yes |
| * 1. Do you maintain an approved list of securities? | No Yes |
| * 1. Are relationship managers allowed to deviate from this list?   If YES, provide controls | No Yes |
| Click or tap here to enter text. | |
| 1. Is the proposer a central bank / reserve bank / monetary authority? | No Yes |
| 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 to court)* |  |

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| --- | --- |
| 1. Non-banking Extension of Credit / Lending / Leasing / Development Finance | |
| * 1. Are your lending procedures compliant with the National Credit Act or similar legislation in any other jurisdiction?   If you answered NO, please explain why? | No Yes |
| Click or tap here to enter text. | |
| * 1. 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 | Click or tap here to enter text. | Click or tap here to enter text. | | Residential real estate loans | Click or tap here to enter text. | Click or tap here to enter text. | | Personal loans | Click or tap here to enter text. | Click or tap here to enter text. | | Leasing | Click or tap here to enter text. | Click or tap here to enter text. | | Construction loans | Click or tap here to enter text. | Click or tap here to enter text. | | Development loans | Click or tap here to enter text. | Click or tap here to enter text. | | Credit card loans | Click or tap here to enter text. | Click or tap here to enter text. | | Interbank loans | Click or tap here to enter text. | Click or tap here to enter text. | | Bridging finance | Click or tap here to enter text. | Click or tap here to enter text. | | Other | Click or tap here to enter text. | Click or tap here to enter text. | | |
| * 1. Do you operate and maintain a loan policy manual? | No Yes |
| does it include Lending Criteria | No Yes |
| does it include Authority Levels | No Yes |
| If NO, please provide further details of the alternative procedures and controls in place | |
| Click or tap here to enter text. | |
| * 1. Define maximum loan to value ratios for each loan class? | |
| * 1. Are the identities of all signatories independently verified for collateral agreements, loan authorities and notes? | No Yes |
| * 1. Are all new and renewal loan applications and accompanying documents required to be signed in the presence of an officer?   If you answered NO, please explain what signature verification method is used? | No Yes |
| Click or tap here to enter text. | |

|  |  |
| --- | --- |
| * 1. 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?   If you answered NO, please explain? | No Yes |
| Click or tap here to enter text. | |
| * 1. Is substituted collateral always verified before original collateral is released? | No Yes |
| * 1. Is negotiable collateral kept under dual control? | No Yes |
| * 1. For the previous two years, please indicate the amounts of loans that are | |
| |  |  |  | | --- | --- | --- | | 90 days or more past due | Click or tap here to enter text. | Click or tap here to enter text. | | Non-accruals | Click or tap here to enter text. | Click or tap here to enter text. | | |
| * 1. Does the Board of Directors or a Loan Committee review all loans made? | No Yes |

|  |  |
| --- | --- |
| 1. Trust Companies | |
| * 1. Does the proposer provide trustee and/or fiduciary services to clients? | No Yes |
| * 1. Does the service include the creation / registration and management of trusts and /or other SPVs? | No Yes |
| * 1. Are employees required to, as representatives of the Insured, act as trustees of any of these trusts or SPVs? | No Yes |
| * 1. Does the Insured require cover for the individual employees as noted above? | No Yes |
| * 1. Please provide minimum requirements such as qualifications and experience for the appointment of these employees | |
| Click or tap here to enter text. | |
| * 1. Please confirm internal procedures to monitor the activities of these employees | |
| Click or tap here to enter text. | |
| * 1. When and how are these entities housed? | |
| Click or tap here to enter text. | |
| * 1. Please provide details of the financial and accounting processes | |
| Click or tap here to enter text. | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. 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)* | | | | |
| 1. Is the proposer or any subsidiary incorporated in North America? | | | | No Yes |
| If YES, please provide details   |  |  |  | | --- | --- | --- | | Subsidiary | Activities | % Owned | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | | | | |
| 1. Is the Proposer or any subsidiary domiciled or have operations located in North America? | | | | No Yes |
| If YES, please provide details   |  |  |  | | --- | --- | --- | | Subsidiary | Activities | % Owned | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | | | | |
| 1. Does the Proposer or any subsidiary have employees or directors resident in North America?   If YES, please provide details | | | | No Yes |
| Click or tap here to enter text. | | | | |
| 1. In percentage terms, please provide the proposer’s or any subsidiary’s | | | | |
| * 1. Investments made in North America | | Click or tap here to enter text. | | |
| * 1. Income generated in North America | | Click or tap here to enter text. | | |
| * 1. Assets in North America | | Click or tap here to enter text. | | |
| 1. Does the Proposer or any of its subsidiaries | | |  | |
| * 1. Have any stocks, shares or debentures in North America   (other than by any form of propriety investments made on behalf of third parties)? | | | | No Yes |
| * 1. Was the offer and is the company compliant with all provisions of | | | | No Yes |
| * + 1. The United States Securities Act of 1933 | | | | No Yes |
| * + 1. The Securities Exchange Act of 1934 | | | | No Yes |
| * + 1. Has a 20-F filing been made to the US Regulatory Authorities | | | | No Yes |
| * 1. If any stocks or shares are traded in the form or ADR’s please advise | | | | |
| Level I Level II Level III Level IV  Sponsored Unsponsored | | | | |
| Number of ADR shareholders | Click or tap here to enter text. | | | |
| Market Value | Click or tap here to enter text. | | | |
| *Please attach a copy of the latest 20-F filing or similar filing made to the USA Regulatory Authorities* | | | | |

**PROTECTION OF PERSONAL INFORMATION ACT**

We understand that the information provided in this application for insurance and all documentation provided with it may be deemed to be personal information in terms of the Protection of Personal Information Act 2013 (the POPI Act) and we will accordingly take all reasonable steps to ensure that your information is processed / used / stored in accordance with the POPI Act and for the following purposes:

* To verify the information disclosed herein against any other source;
* To communicate with you directly should you request us to and in accordance with relevant regulatory requirements;
* To compile non-personal statistical information to assist in assessing similar risks;
* To assess the risk to be underwritten and, if a Policy of Insurance is issued pursuant to and based upon such information, to use the disclosed information at claims stage to assess any claims that may be made against any such Insurances;
* To transmit your personal information to any affiliate, subsidiary, service provider/consultant/advisor 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;
* To combat insurance fraud and properly evaluate risks, we will store your personal information on a shared database created by the South African Insurance Association (SAIA) in order to verify it against available sources and databases on the system.

Personal Information of Minors (Complete if Applicable)

If any information provided herein relates to a Minor (i.e. a child under the age of 18) we require that a competent person (parent/legal guardian) provide consent to the processing of such information for the above purposes and for any purpose that is compatible therewith.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*full name of competent person*), hereby provide my consent to the processing of any information provided herein relating to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*name of minor whose personal information is disclosed herein*) for the purpose as disclosed above. I further understand that I have the right to withdraw this consent at any time but that this may mean that any insurance issued pursuant to this application may be terminated and/or that any claims issued against such insurance may not be able to be finalised

Further disclosures

Please note that there may be instances where we will be required to transfer your personal information outside South African borders, generally for purposes of furthering the Insurer’s legitimate interests regarding reinsurance or for the processing of any claim that arises outside South African borders. However, before transferring your personal information, we will ensure that the entity to whom the information is being transferred is subject to similar data protection conditions as those imposed by the POPI Act failing which we will advise you accordingly and request your consent to transfer information as required.

Note that the provision of the information required/requested herein is mandatory as it is necessary for us to accurately underwrite the insurances, which you are hereby applying for, and if any information is withheld or is misrepresented the Insurer may be entitled to void any insurances issued pursuant to this application.

Although any insurance issued pursuant to this application will be reviewed annually (where appropriate) it is your responsibility to ensure that the information provided to the Insurer remains accurate and up to date, we therefore encourage you to contact us at any time to advise us of changes to the information provided.

In addition, you may contact us at any time to exercise the following rights that you have in terms of the POPI Act (subject to any regulatory obligations placed on us/Santam Ltd):

* To request that we provide you with access to your personal information held/processed by us;
* To request that we erase or correct the your personal information that we hold (where appropriate/possible);
* To request that we transfer any personal information held by us to you or to any other person/system selected by you in a structured, commonly used and machine-readable format;
* To request that we restrict the processing of your personal information for reasons provided for in the POPI Act.

Should you wish to lodge a complaint regarding our compliance with the POPI Act or in respect of the processing of your personal information, please contact the Santam Client Care department (contact details below):

Email:[complaints@santam.co.za](mailto:complaints@santam.co.za)

Telephone:0860 102 725

Fax:(021) 915 7434

Alternately, you also have the right to approach the South African Information Regulator (contact details below) should the above process not adequately address your concerns.

Email: [complaints.IR@justice.gov.za](mailto:complaints.IR@justice.gov.za)

Postal address:

PO Box 31533

Braamfontein

Johannesburg

2017

Physical address:

JD House

27 Stiemens Street

Braamfontein

Johannesburg

2001