AIG Asia Pacific Insurance Pte. Ltd.
AIG Building, 78 Shenton Way #09-16 Singapore 079120
Co. Reg. No. 201009404M

Financial Institutions Civil Liability Insurance – Proposal Form

Note to Applicant

Please note that this proposal form is being completed by the **Applicant** on behalf of all Insureds (as defined in the policy).

For the purposes of this proposal form:

- **Addendum** means any supplemental addendum to this proposal form completed and signed by the **Applicant**.
- **Applicant** means the entity requesting insurance and any of its Subsidiaries (as defined in the policy).
- **AUM** means Assets/Funds Under Management.
- **Fund** includes all trusts, investment trusts, funds, partnerships, or other similar entities.
- **Investment Banking** means mergers and acquisitions, corporate advisory/finance, facility issuance, corporate restructuring or securities underwriting.
- **NAV** means Net Asset Value.
- **Proposal** means this signed proposal form, the statements, warranties, and representations herein and all attached supplementary information and materials and any **Addendum**.

Please provide all monetary amounts in S$ when completing the questions below.

1. Applicant Details

1.1 Name of the **Applicant**:_____

1.2 **Applicant's** main address:_____

_____

1.3 **Applicant's** country of registration: _____

1.4 How long has the **Applicant** been in continuous operation?_____

1.5 Has the **Applicant** been involved in, or been the subject of, any merger, acquisition, tender offer, buy-out or change in equity structure in the past 5 years? ❑ Yes ❑ No

If 'Yes', please provide full details:

_____

_____

1.6 Is the **Applicant** or any of its directors or officers aware of any plans for a merger, acquisition, tender offer, buy-out or a change in equity structure? ❑Yes ❑No

If 'Yes', please provide full details:

_____

_____

1.7 Please provide details of any party with an entitlement to greater than 10% of the ownership interests in the **Applicant**.

Shareholder	**% Held**
_____	_____
_____	_____
_____	_____
_____	_____

1.8 For the purpose of **Key Man Loss** coverage, please nominate three individuals whose death or permanent disability would have a material adverse effect on the **Applicant's** business, detailing their position held and age:

	Name	***Position at the Applicant***	***Age***
(a)			
(b)			
(c)			

1.9 Please state in respect of the **Applicant** the total:

Number of staff	*Current Year, 20__*	*Previous Year, 20__*	*US (Current Year)*	*Turnover (last year)*
(a) permanent employees				
(b) temporary staff and outsourced employee roles				
(c) personnel/training staff				
(d) dedicated compliance department staff				
(e) dedicated internal audit staff				
(f) directors and officers				
(g) sales staff, professional staff and any employees directly involved with third parties				
(h) support staff				

1.10 Please state the percentage split between distribution channels used by the **Applicant**:

Type of distribution channel	*Current Year %, 20__*	*Previous Year %, 20__*	*% in the US (Current Year only)*
(a) advisory staff/ professional/sales staff			
(b) directly (via mail, telephone, etc)			
(c) tied-agents			
(d) independent agents			
(e) internet/e-commerce			

1.11 Does the **Applicant** monitor/audit the quality of service and advice provided by individuals, for which the **Applicant** is responsible, but who are not under its daily control and supervision (e.g. agents)? ❑Yes ❑No

2. Applicant Services

2.1 Please provide the approximate percentages of the **Applicant's** total revenues which were derived from the following activities:

Activity	*Current Year%, 20__*	*Previous Year %, 20__*	*% in US (Current Year)*
(a) Loans			
(i) Retail			
(ii) Commercial			
(iii) Syndication			
(b) Trade financing			
(c) Securities trading/dealing			
(ii) Execution			
(ii) Advisory			
(d) Commodities trading/dealing			
(e) Derivatives or specialist trading/dealing			
(f) Structured financial product advice			
(g) Acting as securities broker/dealer			
(h) Acting as custodian/depositor or managing agent for securities or money			
(i) **Investment Banking**			
(j) Financial, investment or economic advisor with regard to venture capital			
(k) Financial, investment or economic advisor with regard to all other investments			
(l) Trust services (administration of trusts, estates or guardianships)			
(m) **Fund(s)** Management			
(n) Provision of insurance products or services			
(o) Acting as a dividend disbursement agent, redemption or subscription agent, warrant or script agent, fixed or paying agent, tax withholding agent, escrow agent, registrar, transfer agent or clearing agent			
(p) Acting as a tax planner and/or tax advisor to trusts, estates and individuals			
(q) Acting as a real estate broker, or providing surveying or conveyancing services			
(r) Sale of traveller cheques, certified cheques or money orders, or administration or sale of credit cards, or credit card services			
(s) Provision of legal advice to third parties			
(t) Leasing			
(u) Foreign exchange			

Please list any other services or activities not stated above on a separate sheet

2.2 Are all new products subject to a 'New Product Approval Process' which includes sign off from the business unit manager, compliance and legal department? ❑Yes ❑No

If 'No', please provide full details on a separate sheet.

2.3 Are all publications, marketing literature, or other product services communications (electronic or documentary), subject to legal review prior to their release to third parties? ❑Yes ❑No

If 'No', please provide full details on a separate sheet.

2.4 Are all advisory services rendered subject to written agreement, contractual agreement, service agreement or a letter of appointment? ❑Yes ❑No

If 'No', please provide details on a separate sheet.

3. Internal Controls

3.1 Does the **Applicant** have a fully staffed and appropriately qualified Internal Audit Department? ❑Yes ❑No

If 'Yes', to whom does the head of the Internal Audit Department report?

Name/Title:_____

If 'No', please detail why the **Applicant** does not have an Internal Audit Department and then proceed directly to question 4:

_____

_____

3.2 Are regular audits conducted by the Internal Audit Department on a risk critical basis? ❑Yes ❑No

3.3 Does the Internal Audit Department periodically perform independent checks on:

(a) segregation of duties? ❑Yes ❑No

(b) accuracy of records? ❑Yes ❑No

(c) reporting procedures to management/clients? ❑Yes ❑No

(d) management and supervisory procedures? ❑Yes ❑No

(e) training requirements and competency of staff? ❑Yes ❑No

(f) suitability of advice provided to third parties? ❑Yes ❑No

(g) adequacy of systems? ❑Yes ❑No

(h) authority levels (appropriateness and breaches)? ❑Yes ❑No

3.4 Are all recommendations made by Internal Auditors implemented as soon as possible? ❑Yes ❑No

If 'No', please provide full details on a separate sheet.

3.5 Have all recommendations from the most recent external auditors review been implemented? ❑Yes ❑No

If 'No', please provide full details of any outstanding matters and a timeline for completion on a separate sheet.

4. Regulatory and Compliance

4.1 Does the **Applicant** have a dedicated Compliance Officer/Department charged with ensuring compliance by all staff with applicable laws, principles, codes and guidelines? ❑Yes ❑No

If 'Yes', to whom does the head of the Compliance Department report?

Name/Title:_____

If 'No', please detail why the **Applicant** does not have a dedicated Compliance Officer/Department:

_____

_____

4.2 (a) Name of external law firms routinely acting for the Applicant:_____

_____

(b) Please detail the type of work for which external law firms are typically engaged: _____

_____

4.3 Has the **Applicant** or any entity proposed for insurance, or any of its directors, officers, partners or employees been subject to any regulatory investigation? ❑Yes ❑No

If 'Yes', please provide details on a separate sheet including details of any resulting disciplinary proceedings, admonishments or recommendations.

4.4 If applicable, are all recommendations made following a regulatory visit fully implemented? ❑Yes ❑No

If 'No', please provide full details on a separate sheet.

4.5 Does the Compliance Officer/Department monitor the **Applicant's** operations to ensure compliance with applicable data protection and privacy laws, principles, codes and guidelines? ❑Yes ❑No

5. Services

5.1 Does the **Applicant** require insurance cover for **Internet Banking/ E-Commerce** services which it provides to third parties: ❑Yes ❑No

5.2 Does the **Applicant** require insurance cover for **Fund(s) Management** services which it provides to third parties: ❑Yes ❑No

5.3 Does the **Applicant** require insurance cover for **Trust Services** which it provides to third parties: ❑Yes ❑No

5.4 Does the **Applicant** require insurance cover for **Trading Services** which it provides to third parties: ❑Yes ❑No

5.5 Does the **Applicant** require insurance cover for **Pensions, Investments and Insurance Product Sales** which it provides to third parties: ❑Yes ❑No

5.6 Does the **Applicant** require insurance cover for **Investment Banking** which it provides to third parties: ❑Yes ❑No

The Insurer may request the **Applicant** to complete an **Addendum** in respect of the above services.

6. Claims Information

This Section MUST be completed by the Applicant.

6.1	Is the **Applicant** aware, after full enquiry, of any form of client complaint (brought by a client, or on their behalf by a regulator)? If 'Yes', please provide full details on a separate sheet.	❑Yes	❑No
6.2	Has any claim been brought against the **Applicant** or any of its directors, officers, partners, trustees or employees during the last 5 years? If 'Yes', please provide full details on a separate sheet.	❑Yes	❑No
6.3	Does the **Applicant**, or any of its directors, officers, partners, trustees or employees, after full enquiry, have any knowledge of any act, omission, event or circumstance which could give rise to a claim? If 'Yes', please provide full details on a separate sheet.	❑Yes	❑No

7. Required Information

Please enclose with this proposal form:

- The latest Annual Report and Financial Accounts of the **Applicant**. ❑
- A copy of standard engagement letters and/or service agreements. ❑
- A copy of the most recent external auditors letter to management regarding internal controls and managements letter of response ❑
- Any supplementary information which is material to any questions herein (on the **Applicant's** company letterhead paper). ❑

Declaration

The undersigned authorised Chairman of the Board, President or General Partner of the **Applicant**:

- declares that this **Proposal** has been completed after full enquiry and that the statements and particulars herein are true and that no material facts have been misstated or omitted; and
- agrees that if the information supplied in this **Proposal** changes between the date of this **Proposal** and the effective date of the insurance, he/she (undersigned) will, in order for the information to be accurate on the effective date of the insurance, immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations and/or authorisations or agreements to bind the insurance; and
- agrees that this **Proposal** shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the policy.

I agree and consent, and if I am submitting information relating to another individual, I represent and warrant that I have the authority to provide that information to AIG, I have informed the individual about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by AIG, as set out in the contents of the consent clause contained below and the individual agrees and consents, that AIG may collect, use and process my/his/her personal information (whether obtained in this application form or otherwise obtained) and disclose such information to the following, whether in or outside of Singapore: (i) AIG's group companies; (ii) AIG's (or AIG's group companies') service providers, reinsurers, agents, distributors, business partners; (iii) brokers, my/his/her authorised agents or representatives, legal process participants and their advisors, other financial institutions; (iv) governmental / regulatory authorities, industry associations, courts, other alternative dispute resolution forums, for the purposes stated in AIG's Data Privacy Policy which include:

a) Processing, underwriting, administering and managing my/his/her relationship with AIG;
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d) Managing AIG's infrastructure and business operations; and
e) Carrying out market research and analysis and satisfaction surveys.

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Signed .....

Title .....

(Must be signed by Chairman of the Board, President or General Partner)

Company .....

Date .....

SIGNING THIS PROPOSAL FORM DOES NOT OBLIGE THE APPLICANT TO PURCHASE ANY INSURANCE

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Financial Institutions Civil Liability Insurance - Addendum

Addendum 1: Internet Banking/E-Commerce

A1.1 Does the **Applicant** provide an internet facility? ❑Yes ❑No

If 'Yes', does the **Applicant** offer any of the following:

(a) product information only? ❑Yes ❑No
(b) account balances? ❑Yes ❑No
(c) pre-authorised account to account transfers? ❑Yes ❑No
(d) loan applications? ❑Yes ❑No
(e) interactive mortgage applications? ❑Yes ❑No
(f) business/company account management? ❑Yes ❑No
(g) insurance products? ❑Yes ❑No
(h) on-line securities dealing? ❑Yes ❑No
(i) other (please specify below): ❑Yes ❑No

_____

A1.2 Please select the method used by the **Applicant** to verify the identity of the users transacting via the internet:

(a) static password ❑
(b) one-time password ❑
(c) public/private key encryption ❑
(d) digital signatures ❑
(e) other (please specify below): ❑

_____

A1.3 How is the integrity of any given transaction protected?

(a) 128 bit encryption ❑
(b) message authentication ❑
(c) receipt confirmation ❑
(d) other (please specify below): ❑

_____

A1.4 How does the **Applicant** prevent unauthorised access to clients'/investors' main processing systems?

(a) firewall ❑

(b) off-line front-end processing ❑

(c) on-line front-end filtering ❑

(e) data encryption ❑

(d) other (please specify below):

_____

A1.5 Does the **Applicant** utilise a software progamme to track activities in relation to internet facilities? ❑Yes ❑No

_____

A1.6 (a) Does the **Applicant** have formal terms and conditions for the use of internet services which outline the obligations and responsibilities of users? ❑Yes ❑No

(b) Does the **Applicant** have procedures in place to monitor to whom their services are provided, taking into account any jurisdictional or cross border issues? ❑Yes ❑No

_____

A1.7 Does the **Applicant** use any anti-virus software? ❑Yes ❑No

If 'Yes', how often is it upgraded?_____

Declaration

The undersigned authorised Chairman of the Board, President or General Partner of the **Applicant**:

- declares that this **Addendum** has been completed after full enquiry and that the statements and particulars herein are true and that no material facts have been misstated or omitted; and

- agrees that if the information supplied in this **Addendum** changes between the date of this **Addendum** and the effective date of the insurance, he/she (undersigned) will, in order for the information to be accurate on the effective date of the insurance, immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations and/or authorisations or agreements to bind the insurance; and

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Title .....

(Must be signed by Chairman of the Board, President or General Partner)

Company .....

Date .....

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Financial Institutions Civil Liability Insurance - Addendum

Addendum 2: Fund(s) Management

Note: A specialist product is available for your investment management operations <u>and funds</u>. Ask your insurance broker or agent about the AIG "Investment Professionals Protector (IPP)".

A2.1 Please detail for all investment management subsidiaries. (please attach an additional sheet as necessary):

Name of Investment Manager	Main address	Country of registration	Date established	Annual Fee for Investment Management Services		Any Other Income		Income derived from the US or US domiciled investors	
				Current Year, 20__	Previous Year, 20__	Current Year, 20__	Previous Year, 20__	Current Year, 20__	Previous Year, 20__

A2.2 Please detail for all **Funds** managed by an investment management subsidiary which is proposed for insurance above (please attach an additional sheet as necessary):

Name of Fund	Country of registration	Date established	AUM ($,000)		Benchmark ('BM') Name	Annualised % Growth (1yr)		Annualised % Growth (3 yrs)		Annualised % Growth (since inception)		Maximum Permitted Leverage
			Current Year, 20__	Previous Year, 20__		Fund	BM	Fund	BM	Fund	BM	% of NAV

A2.3 Please detail the following in respect of the **Funds** management activities:

		Current Year, 20__	*Previous Year, 20__*
(a)	Total **AUM**:		
(b)	Total **AUM** in **Funds**:		
(c)	Total **AUM** in private client mandates or managed on a sub-advisory basis:		
(d)	Asset value of the largest account:		
(e)	Total number of accounts lost:		
(f)	Total value of lost accounts:		
(g)	Total **AUM** managed on a discretionary basis:		
(h)	Total **AUM** managed on a non-discretionary basis:		
(i)	Estimate of the percentage of the **AUM** invested in listed securities:		
(j)	Estimate of the percentage of the **AUM** invested in unlisted- securities/private equity/venture capital:		
(k)	Estimate of the percentage of the **AUM** invested in real property assets:		
(l)	Estimate of the percentage of the **AUM** invested in derivatives or a specialist investment strategy (including hedge funds):		

A2.4 Please provide the percentage split of investor base by type out of total **AUM** in respect of the **Applicant**:

(a) By Type of Investor

Type of Investor	*Current Year, 20*	*Previous Year, 20*	*Minimum Accepted Investment*
Governments:			
Corporates/Financial Institutions:			
Trusts/Family Trusts:			
High Net Worth Individuals/ Accredited Investors:			
Non-accredited/Retail Investors:			
Others, (please specify): _____			

(b) By Domicile of Investor

Domicile of Investor	*Current Year, 20*	*Previous Year, 20*
USA		
UK/Europe		
Asia		
Others, (please specify): _____		

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Financial Institutions Civil Liability Insurance - Addendum

Addendum 3: Trust Services

A3.1 Are trust services limited to purely administration? ❑Yes ❑No

If 'No', do these services include investment appraisal, investment advice, or investment management? ❑Yes ❑No

For the current year please provide the value of the:

	Current Year	Previous Year
(a) total trusts under management:	_____	_____
(b) asset value of the largest account:	_____	_____
(c) highest fee:	_____	_____

A3.2 Please indicate the percentage split of the total trusts under management in the following territories:

	Current Year	Previous Year
(a) UK and Europe	_____	_____
(b) Far East/Middle East/Asia	_____	_____
(c) South America	_____	_____
(d) North America	_____	_____

A3.3 Is there a dual control over any material recommendations suggested by a trust officer? ❑Yes ❑No

A3.4 Are all trust assets independently valued? ❑Yes ❑No

A3.5 Please detail the type of trust services work for which external law firms are typically engaged:

_____

_____

_____

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Signed .....

Title .....

(Must be signed by Chairman of the Board, President or General Partner)

Company .....

Date .....

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Financial Institutions Civil Liability Insurance - Addendum

Addendum 4: Trading

A4.1 In respect of the **Applicant's** trading activities please detail the following:

(a) the percentage split in income between:

(i) proprietary trading _____

(ii) third party trading _____

(b) the percentage split of third party fee income derived from investments in:

(i) listed securities _____

(ii) unlisted securities _____

(iii) debt instruments _____

(iv) real estate / property _____

(v) commodities _____

(vi) derivative instruments – hedging _____

(vii) derivative instruments – speculative _____

(viii) limited partnerships _____

(ix) other (please specify):_____

(c) Does the **Applicant** maintain industry best practice controls and procedures to ensure:

(i)	accuracy of transactions?	❑Yes	❑No
(ii)	segregation between front and back office functions at all times?	❑Yes	❑No
(iii)	timely recognition of any material trading losses?	❑Yes	❑No
(iv)	new products/services undergo a robust due diligence/approval process?	❑Yes	❑No
(v)	unauthorised trading or trade errors are detected immediately?	❑Yes	❑No

If 'No' to any of the above, please detail how the controls differ and the mitigating procedures or controls which the **Applicant** has in place:

_____

_____

A4.2 Are all trading counter-parties independently monitored and approved for credit worthiness on at least a monthly basis? ❑Yes ❑No

If 'No', please explain: _____

_____

A4.3 Does the **Applicant** allow remote trading? ❑Yes ❑No

If 'Yes', please detail the controls in place: _____

_____

A4.4 **(**a) Are all trade confirmations (counter-party side) independent from the trading function? ❑Yes ❑No

(b) Is back office confirmation of trades with counter-parties done on the same day as the trade? ❑Yes ❑No

(c) How often are trading records reconciled? _____

(d) Is there a complete separation of duties within trading and real time monitoring of traders to ensure that trading limits are not breached? ❑Yes ❑No

(e) Are all 'anomalies' (non-conforming trades) reported to the Risk Management Department and internal audit? ❑Yes ❑No

(f) Is a follow up conducted on all reported 'anomalies'? ❑Yes ❑No

(g) Are all trading conversations recorded? ❑Yes ❑No

(h) Are all trades entered immediately (or as soon as practical) into a computer system? ❑Yes ❑No

A4.5 Does the **Applicant** offer on-line trading? ❑Yes ❑No

If 'Yes', are all transactions recorded? ❑Yes ❑No

If 'Yes', for how long are records maintained? _____

A4.6 (a) Does the **Applicant** maintain written authorisation files for each trader which detail: limits, products and counter-parties? ❑Yes ❑No

(b) Does the **Applicant's** computer system automatically reject any trades which are not within authorised limits, product lines or with authorised counter-parties? ❑Yes ❑No

A4.7 Does the **Applicant** track employee trading accounts? ❑Yes ❑No

A4.8 Does the **Applicant** maintain a Code of Ethics that governs personal trading practices of employees and other persons who have access to information concerning portfolio holdings of the investment companies ('access persons')? ❑Yes ❑No

A4.9 Does the **Applicant** require 'access persons' to report all personal trades for their own accounts or accounts over which they have control? ❑Yes ❑No

Declaration

The undersigned authorised Chairman of the Board, President or General Partner of the **Applicant**:

- declares that this **Addendum** has been completed after full enquiry and that the statements and particulars herein are true and that no material facts have been misstated or omitted; and

- agrees that if the information supplied in this **Addendum** changes between the date of this **Addendum** and the effective date of the insurance, he/she (undersigned) will, in order for the information to be accurate on the effective date of the insurance, immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations and/or authorisations or agreements to bind the insurance; and

- agrees that this **Addendum** will be attached to and become part of the **Proposal**, which shall be the basis of the contract should a policy be issued.

I agree and consent, and if I am submitting information relating to another individual, I represent and warrant that I have the authority to provide that information to AIG, I have informed the individual about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by AIG, as set out in the contents of the consent clause contained below and the individual agrees and consents, that AIG may collect, use and process my/his/her personal information (whether obtained in this application form or otherwise obtained) and disclose such information to the following, whether in or outside of Singapore: (i) AIG's group companies; (ii) AIG's (or AIG's group companies') service providers, reinsurers, agents, distributors, business partners; (iii) brokers, my/his/her authorised agents or representatives, legal process participants and their advisors, other financial institutions; (iv) governmental / regulatory authorities, industry associations, courts, other alternative dispute resolution forums, for the purposes stated in AIG's Data Privacy Policy which include:

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e) Carrying out market research and analysis and satisfaction surveys.

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Signed .....

Title .....

(Must be signed by Chairman of the Board, President or General Partner)

Company .....

Date .....

SIGNING THIS ADDENDUM DOES NOT OBLIGE THE APPLICANT TO PURCHASE ANY INSURANCE

AIG Asia Pacific Insurance Pte. Ltd.
AIG Building, 78 Shenton Way #09-16 Singapore 079120
Co. Reg. No. 201009404M

Financial Institutions Civil Liability Insurance - Addendum

Addendum 5: Pensions, Investments and Insurance Product Sales

A5.1 How many employees are currently engaged in selling pensions, investments and insurance products?

_____

(a) Have all such employees undergone a formal training programme and been assessed as technically compliant and competent? ❑Yes ❑No

(b) Please state the percentage split between distribution channels used by the **Applicant** for the sales of pensions, investments and insurance products:

Type of distribution channel	*Current Year %, 20__*	*Previous Year %, 20__*	*% in the US (Current Year only)*
(a) advisory staff/ professional/sales staff			
(b) directly (via mail, telephone, etc)			
(c) tied-agents			
(d) independent agents			
(e) internet			

A5.2 Please provide the approximate percentages of the **Applicant's** total revenues which were derived from the following activities:

Activity	*Current Year%, 20__*	*Previous Year %, 20__*	*% in US (Current Year)*
(a) Loans			
(i) Retail			
(ii) Commercial			
(iii) Syndication			
(b) Trade financing			

A5.3 Does the **Applicant** have a procedure in place to monitor:

(a) recurring complaints in respect its products?	❑Yes	❑No
(b) recurring complaints in respect of an advisor/branch?	❑Yes	❑No
(c) the suitability of advice provided to third parties?	❑Yes	❑No
(d) the suitability of the sales process/channel?	❑Yes	❑No

A5.4 Are all commissions/fees earned or paid to an agent/broker fully disclosed to all parties? ❑Yes ❑No

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AIG Building, 78 Shenton Way #09-16 Singapore 079120
Co. Reg. No. 201009404M

Financial Institutions Civil Liability Insurance - Addendum

Addendum 6: Investment Banking

A6.1 Please provide the percentage income split between **Investment Banking** activities:

	Income % Split
(a) M&A/Corporate Advisory	_____
(b) Equity – new issuance	_____
(c) Equity – secondary issuance	_____
(d) Debt – new issuance	_____
(e) Debt – secondary issuance	_____
(f) Debt Capital Raising	_____

A6.2 Please detail typical industries to which **Investment Banking** services are provided:

_____

A6.3 Please provide the gross revenue derived from **Investment Banking** activities for the last three years with an estimate for the current year:

Year	**Total**	**% Income derived from US**
200___	_____ (Estimate)	_____
200___	_____	_____
200___	_____	_____
200___	_____	_____

A6.4 Please provide an estimate of the following:

(a) average fee income any one client: _____

(b) average value any one transaction: _____

(c) average number of transactions any one year: _____

(d) number of failed/incomplete transactions in the last year: _____

(e) average underwriting participation last 2 years (in dollars): _____

(f) largest underwriting participation last 2 years: _____

A6.5 (a) Does the **Applicant** conduct its own due diligence when acting as a sub-underwriter? ❑Yes ❑No

(b) Are there internal guidelines in effect and enforced to ensure due diligence reviews are comprehensive? ❑Yes ❑No

(c) Does the **Applicant** have internal guidelines in effect and enforced to ensure the reasonableness of valuation services provided? ❑Yes ❑No

(d) Is there a secondary independent review or is there a checklist procedure conducted internally prior to the release of advice or documentation to ensure all aspects of the transaction as agreed have been completed? ❑Yes ❑No

A6.6 Are there internal guidelines in effect and enforced to ensure buyers represented in M&A transactions are financially sound? ❑Yes ❑No

A6.7 Are specific engagement letters used which clearly delineate the **Applicant's** roles and responsibilities in respect of any **Investment Banking** services provided? ❑Yes ❑No

A6.8 Does the **Applicant** ring-fence sensitive information provided to the Investment Banking operation to ensure no conflicts of interests arise with other areas of the **Applicant's** business? ❑Yes ❑No

7. Required Information

Please enclose with this **Addendum**:

- A standard Investment Banking Engagement Letter. If different letters are applicable to different types of transactions, please provide a copy of each.
- CV's/Resume of Partners/Directors/Principals.

Declaration

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