

MPI Generali Insurans Berhad (14730-X

Head Office: 8th Floor, Menara Multi-Purpose, Capital Square, 8, Jalan Munshi Abdullah, 50100 Kuala Lumpur, P.O. Box 10122, 50704 Kuala Lumpur, Malaysia.

P +603 2034 9888 F +603 2694 5758, +603 2694 5759 mpigenerali.com

Branches Alor Setar

Kota Bharu : P +609 748 7697, +609 748 7779 F +609 748 1597 : P +604 735 7007 F +604 735 7000

lpoh : P +605 241 0396, +605 241 0988 F +605 241 6307 Kota Kina Johor Bahru : P +607 268 7600 F +607 268 7666, +607 268 7668 Kuantan

Kota Kinabalu: P +6088 719 720, +6088 726 022, +6088 727 209 F +6088 711 821 Sandakan: P +6089 212 233 F +6089 222 173 Seremban: P +609 513 5288 F +609 513 3993 Seremban: P +606 761 8818, +606 761 7818 F +606 763 0818

: P +604 979 3188, +604 979 3288 F +604 979 3588 Kangar : P +603 3343 6898 F +603 3348 8828

: P +6082 248 833, +6082 248 933 F +6082 428 633 Kuching

Melaka : P +606 288 3818 F +606 283 2818 Penang : P +604 228 9388 F +604 228 9088

: P +6084 316 633 F +6084 318 933

MPI Generali Insurans Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

DIRECTORS' & OFFICERS' LIABILITY INSURANCE PROPOSAL FORM

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

INSTRUCTIONS TO PROPOSER

Please enclose with this Proposal Form:

- (a) The last two Annual Reports and Audited Accounts for the Company;
- The last Interim Statement (if applicable); (b)
- (c) Any Offer Document /Listing Particulars published in the last 12 months;
- (d) The Indemnity Provisions in the Company's Memorandum and Articles of Association;
- Any brochures setting out the Company's profile.

BEFORE COMPLETING THIS PROPOSAL PLEASE READ THE IMPORTANT NOTICES ON PAGES 6.

THIS PROPOSAL SHOULD BE ANSWERED AFTER DETAILED ENQUIRY OF ALL PERSONS TO BE COVERED

Proposer Details (1)Name of Company Address (2)GST Declaration (Mandatory) (3)Are you a GST Registrant? ☐ YES \square NO If YES, please provide the following: **GST Registration No.: GST** Registration Date: **GST** Registration Termination Date: (if applicable) This insurance is purchase for : ☐ Personal Use ☐ Business Use (4)On what date was the Company first established?

Provide details of the nature of the business of the Company and all subsidiaries.

			ompany previously car	
Durin	ng the last five years has:			
(a)	Any acquisition or merger taken place in or any subsidiary? If YES, please provide details.	nvolving the Company	□ Yes	□ No
(b)	The capital structure of the parent Com If YES, please provide details.	pany changed?	□ Yes	□ No
Is the	e Company:			
(a)	Public?		□ Yes	□ No
(b)	Private?	_	□ Yes	□ No
(c) (d)	Listed on Kuala Lumpur stock exchange Listed on any foreign stock exchange? If YES, please provide details.	ə?	□ Yes □ Yes	□ No □ No
(e)	aware of any acquisition, tender offer or pending or under consideration? If YES, please provide details.	merger	□ Yes	□ No
(f)	aware of any proposal relating to its acc by another company? If YES, please provide details.	quisition	□ Yes	□ No
(g)	intending a new public offering of securi within the next year in Malaysia or elsev If YES, please provide details.		□ Yes	□ No
N	ame of Committee	Role of Committee	Members	of Committee
1.				
2.				
2. 3.				
3.				
3. 4. 5.				
3. 4. 5.	se list:			
3. 4. 5.		s, officers,		
3. 4. 5. Pleas (a)	se list: Total number of shareholders; Total number of shares held by director company secretaries or employees	oup of indirectly, apital of the	□ Yes □	No
3. 4. 5. Pleas (a) (b) (c)	se list: Total number of shareholders; Total number of shares held by director company secretaries or employees (both direct and beneficial); Does any shareholder or associated groshareholders own or control, directly or more than 10% of the Ordinary share can Corporation? If YES, please provides the list of any change to the list of th	oup of indirectly, apital of the de details.		

Insurance Details

(d)

(e)

(f)

if applicable, the percentage ownership by the Company;

the country of incorporation;

Insurer

(10) Please provide the following details of all Directors & Officers Liability Insurance held during the last three years:

Policy No.

Limit of Liability

Deductible

Expiry Date

								1
	L							<u>]</u>
(11)	Wha	t Limit of Liability is require	ed?		RM			
(12)	Wha	t Deductible is required?			RM			
(13)	Has the Company ever had any Insurer decline a proposal or cancel or refuse to renew a Directors & Officers Liability Insurance? If YES, please provide details.					□ Yes □	□ No	
Claim	s/Circ	cumstances						
(14)	Have any claims ever been made against any past or present director, officer, company secretary or employee of the Company or of its subsidiaries? If YES, please provide details.					□ Yes	□ No	
(15)	Is the proposer aware, after enquiry, of any fact, circumstance, act or omission which may give rise to a claim? If YES, please provide details.					□ Yes □	□ No	
[NOTE:	any c	ircumstance disclosed in	n answer to this qu	uestion is not covered by th	is proposed	l insurance.]		
(16)	or er any t their emp	any past or present director nployee of the Company effine or penalty imposed or capacity as a director, offi- loyee of the Company? S, please provide details.	ver been declared been subject to any	pankrupt, had enquiry in		□ Yes	□ No	
(17)	prose comp subs	there ever been or is there ecution of the Company, ar pany secretary or employed idiary, under the Corporation S, please provide details.	ny subsidiary, directe e of the Company o	or, officer, r any		□ Yes □	□ No	
Outsi	de Dir	<u>ectorships</u>						
(18)	any (ver required for any Outsid Outside Organisation with t the request of the Compar	the knowledge and o			□ Yes □	□ No	
[Outs	ide Di	rectorship means any po	sition held by an l	nsured in any company or o	organisation	which is not	a subsidiary of the Co	mpany]
	If yes	s, please advise with respe	ct to each Outside (Organisation:				
	(a)	the name of the Outside	Organisation;					
	(b)	the nature of the activitie	es of the Outside Or	ganisation;				
	(c)	whether the Outside Org	ganisation is a Profit	or Non-Profit Organisation;				
		vide copies of the most nisations]	recent annual rep	orts and audited financial	statements f	for each Outs	side Organisation othe	er than N

does the Outside Organisation have any current Directors and Officers and Company Reimbursement Policy?

Insurer	Limit of Liability	Deductible	Gross Premium	Expiry Date

Morth	Amou	rican Exposure Details		1	<u> </u>		ı
(19)		the Company or any sub	sidiary at any time:				
	(a) (b) (c)	Conducted any busine Had any shares traded Held a beneficial intere in the United States of	nge?		□ Yes □ Yes □ Yes	□ No □ No □ No	
(20)		se state the total assets of sidiaries in the United Sta			RM		
(21)	all its	at percentage of the total to subsidiaries is imported virica and/or Canada? %					
(21)	Ame	se list those subsidiaries in rica and/or Canada that a ther with the Company's	are not wholly owned,	ach.			
	(a)	For each subsidiary, w	who owns the minority sto	ock?			
(22)	stocl	the Company or any of it k, shares or debentures it or Canada?		nerica		□ Yes	□ No
	If YE	S please advise:					
	(a)	On what date was the	last offer/tender/issue m	ade?			
	(b)		to the United States Sec e Securities Exchange A ereto?			□ Yes	□ No
		If YES, please provide	details.				
	(c)	Are any shares traded Depositary Receipts?	in the form of American			□ Yes	□ No
		If YES, please provide	the following information	n:			
	(d)	Are they sponsored or	unsponsored?				
	(e)	If sponsored, name of	depositary;				
	(f)		an Depositary Receipts tage traded as a total of				
	(g)	Number of shareholde	ers of American Deposita	ry Receipts.			
(23)	debt State	s the Company or any of instruments or commerc es of America and/or Can s, please provide details.	ial paper in the United	,		□ Yes	□ No

Has the company been required to provide a 20F or similar filing to the USA Securities Exchange Commission?

If YES, please attach a copy.

(24)

□ Yes

□ No

IMPORTANT NOTICES

Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning.

Claims Made Contract

Subject to its terms and conditions the Policy will cover your legal liability for any claim:

first made against you during the Policy Period;

resulting from any circumstance of which you become aware during the Policy Period which could give rise to a future claim against you provided you immediately inform us in writing of such circumstances within the Policy Period.

The Policy will NOT cover your legal liability resulting from any claim, matter, occurrence or circumstance arising from any act, error or omission committed or alleged to have been committed of which you were aware before commencement of the Policy Period.

Change of risk or circumstance

You should advise the Insurer as soon as practicable of any change to your normal business as disclosed in the Proposal, such as changes in location, acquisitions and new overseas activities.

Subrogation

Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the Policy that you will not seek to recover such loss or damage from that person, the Insurer will not cover you, to the extent permitted by law, for such loss or damage.

DECLARATION						
We acknowledge that we have read and understand the	Important Notices contained in this proposal.					
We agree that this proposal, together with any other information or documents supplied, shall form the basis of any contract of insurance.						
We acknowledge that if this proposal is accepted, the wording as issued or as otherwise specifically varied in v	contract of insurance will be subject to the terms and conditions as set out in the policy writing by the Insurer.					
	ars and information contained in this proposal and in any documents accompanying this other material facts have been misstated, suppressed or omitted.					
We undertake to inform the Insurer of any material altera	ation to those facts before completion of the contract of insurance.					
Signed						
Chairperson	Managing Director or Chief Executive Officer					
Dated						
Company Stamp						

TO BE COMPLETED BY INSURANCE BROKERS, AGENTS OR STAFF OF MPI GEN	
16/2) of the Anti Meney Loundaring Act 2001	

In Compliance with Section 16(2) of the Anti-Money Laundering Act 2001

I hereby certify that the Proposer's original NRIC/Business Registration Certificate was verified and authenticated by me at the point of sale.

Thereby defails the Proposer's digital Private Business (registration Sertificate was verified and dutients acted by the at the point of Sale.							
Signature:							
Name:							
NRIC:							
Date:							

GOODS AND SERVICES TAX CLAUSE

The Insured and/or Insured Person agrees to pay and to hold harmless the Insurer / MPI GEN for any taxes or other government charges (however denominated) imposed by the government with respect to the execution or delivery of this Policy and/or Agreement.

PERSONAL DATA PROTECTION ACT 2010

MPI GEN is committed and have put in place a Privacy Policy to safeguard the security and confidentiality of your personal information with us. In using our services and website, you acknowledge and agree to be bound by the terms of our Privacy Policy which is available at www.mpigenerali.com