



CorporateGuard - Public Offering of Securities Insurance (POSI) Proposal

AIG Malaysia Insurance Berhad

Statement Pursuant to Schedule 9 of the Financial Services Act 2013: The **Policyholder** is to disclose in this proposal form, fully and faithfully, all the facts which you know or ought to know, which are relevant to the **Insurer** decision in accepting the risk and terms to be applied, otherwise the policy issued hereunder may be void or the **Insurer** could refuse your **Claim**. Please note that this duty to disclosure shall continue until the time the policy is issued, varied or renewed.

Goods & Services Tax (GST) Registration Details

1. Are you GST Registered? NO YES If yes, kindly completed Question 2 to 4
2. GST Registration number (No, CBP) _____
3. GST Registration Date (Tarikh Kuatkuasa Pendaftaran) _____ GST De-Registration Date _____
4. Are you able to claim back Input Tax Credit? YES NO

Proposer Details

1. (a) Name of Company _____
- (b) Address of Head Office _____

- (c) Date of Incorporation _____
- (d) Country of Registration _____
- (e) Nature of business _____
- (f) Proposer has continually been operating since _____
- (g) Total number of locations _____

2. (a) Are any of the Proposer's securities or those of its subsidiaries publicly traded or the subject of a "shelf registration"? Yes No

If "yes", please indicate below which securities are publicly traded or the subject of a "shelf registration" and give details of the securities on a separate sheet.

- Equity
- Debt
- Mixed



- (b) Total number of voting shares outstanding _____
- (c) Total number of voting shareholders _____
- (d) Total number of voting shares owned by the Proposer's directors and officers, both direct and beneficial _____
- (e) Does any shareholder own 15% or more of the voting shares directly or beneficially? Yes No

If "yes", please give the shareholders name and percentage of holdings.

If there are no such shareholders state here "none": _____

- (f) Are there any other securities convertible to voting shares ? _____ Yes No

If "yes", please describe fully. _____

If no, state here "none": _____

- 3. Does the Proposer or any director or officer have Director's & Officers Liability Insurance cover currently in force? Yes No

If "yes", please state:

- (a) Insurer _____
- (b) Indemnity Limit _____
- (c) Expiry Date _____

- 4. Has the Proposer ever had any Insurer decline a proposal or cancel or refuse to renew a Directors & Officers Liability policy? Yes No

If "yes", please give details. _____



Cover Extension for Additional Insureds

5. (a) Is the Proposer requesting cover for any of the following for Securities Claims (as defined in policy) in connection with the public offering? Yes No

If "yes", please indicate if cover is required and whether or not such individuals or entities are referred to in the Particulars (including any SEC Registration Statement) listed in Item 7.

	Cover Requested Y/N	Listed in Particulars or Registration Statement Y/N
Controlling Shareholders	_____	_____
Selling Shareholders	_____	_____
Underwriters	_____	_____
Solicitors for the Proposer	_____	_____
Solicitors for the Underwriters	_____	_____
Accountants	_____	_____
Experts	_____	_____

- (b) If "yes", and such individuals or entities are not referred to in the Particulars or Registration Statement, please provide full details of each individual on a separate sheet.



Initial Public Offering Particulars (including any Registration Statement)

6. Please give the filing date of the particulars/ registration statement number for all Initial Public Offerings, including any Registration Statements. Please continue on a separate sheet if necessary.

Filing Date	Particulars/ Registration Statement Number
_____	_____
_____	_____

7. Are any plans for merger, acquisition or consolidation of or by the Proposer or any of its subsidiaries being considered? _____ Yes No

(a) If "yes", have they been approved by the board of directors? _____ Yes No

Date of approval _____

(b) If so, have they been submitted to the shareholders for approval? _____ Yes No

Date of approval _____

8. Does the Proposer or any of its subsidiaries anticipate any registration of securities under the Securities Act of 1933, Capital Markets and Services Act 2007 or any other offering of securities other than the Initial Public Offering described in 7. Above, within the next year? Yes No



Claims Information

9. (a) Has there been or is there now pending any claim(s) against a director, officer or employee proposed for insurance in his or her capacity as a director, officer or employee of the Proposer or any of its subsidiaries? . _____ Yes No

If "yes", please give full details on a separate sheet.

- (b) Has there been or is there now pending any claim(s) against the Proposer or any of its subsidiaries with regard to the securities of the Proposer or any of its subsidiaries? _____ Yes No

If "yes", please give full details on a separate sheet.

10. Does the Proposer or any of its subsidiaries have knowledge or information of any act, error or omission which might give rise to a securities claim under the proposed policy? _____ Yes No

If "yes", please attach complete details on a separate sheet.

If they have no such knowledge or information, state here "none": _____



Indemnity Limit

11. Please indicate amount of indemnity required:

RM 5,000,000 RM 10,000,000 RM 15,000,000

Other, please state RM _____

Please Enclose With This Proposal Form

- (a) All offer documents or listing particulars (including any registration statements with the SEC and/or the Securities Commission of Malaysia) filed within the last twelve months, including any amendments thereto.
- (b) A copy of the final particulars in connection with the Initial Public Offering.
- (c) A copy of the underwriting agreement, which sets forth the indemnification of the Proposer in connection with the Initial Public Offering.



SIGNING THIS PROPOSAL DOES NOT BIND THE APPLICANT TO COMPLETE THIS INSURANCE

Declaration & Authorisation

I/We hereby declare and agree that:

- a. All written information provided by me/us for this insurance or any formal questionnaire or other documents signed by me/us in conjunction with this application, and statements and answers so made to AIG Malaysia Insurance Berhad (795492-W) ("Company") are full, complete, true, correct and to the best of my/our knowledge and belief and that I/we have not withheld or omitted any information, and I/we understand and agree that the Company, believing them to be such, will rely and act on them, otherwise any policy and endorsements (if applicable) issued (including renewals) or coverage granted may be void at the Company's option.
- b. I/We will notify the Company of any material change to my/our risk profile, failing which, the Company reserves the right to either continue cover, impose additional terms or discontinue cover. I/We understand that failure to notify the Company of any material change to my/our risk profile may affect my/our rights during a claim.
- c. Any personal information collected or held by the Company (whether contained in this application or otherwise obtained) is provided to the Company and may be held, used and disclosed by the Company to individuals, service providers and organizations associated with the Company or any other selected third parties (within or outside of Malaysia, including reinsurance and claims investigation companies and industry associations) for the purpose of storing and processing this application and providing subsequent service(s) for this purpose, the Company's financial products and services and data matching, surveys, and to communicate with me/us for such purposes. I/We understand that I/We have the right to obtain access to and to request correction of any personal information held by the Company concerning me/us. Such request can be made by writing to the Company at Level 18, Menara Worldwide, 198, Jalan Bukit Bintang, 55100 Kuala Lumpur, Malaysia, or phone: 03-2118 0188; fax:03-2118 0388; e-mail: AIGMYCare@aig.com.
- d. Furthermore, I/we hereby authorize any organization, institution or individual that has any records or knowledge of me/my covered family member(s), my health and medical history and any treatment or advice to disclose such information to the Company. This information (unless amended by at my/our request) shall bind me/my covered family member(s), successors and assigns, and remain valid, notwithstanding my/my covered family member(s) death or incapacity. A copy of this authorization shall be as valid as the original. **(this clause is only applicable for policies with medical & health benefits)**
- e. By submitting your personal information, you are indicating your consent to allow the Company to keep you posted on the Company's latest products, services and upcoming events. If you do not wish to be contacted by the Company, you can opt out anytime by notifying the Company at any of the channels above.
- e-f. For all intents and purposes where there is a conflict or ambiguity as to the meaning in the English provisions or the Bahasa Malaysia provisions of any part of this application, it is hereby agreed that the English version of this application shall prevail.

Signed
(Proposer/Insured*)

Title
(Must be signed by Chairman of the Board or CEO of the Policyholder)

Company

Date.....



f.g. I hereby confirm that the Proposer/Insured* has expressly authorized me to act on his/their behalf in respect of the information and/or changes relating to the renewal/endorsement of this insurance policy. I agree to undertake any loss, cost or damages incurred by the said Proposer/Insured* and/or Company in relation to this representation. I declare that I have sighted the original NRIC/Certificate of Incorporation of the Proposer/Insured* and have done the necessary Anti Money Laundering check(s) which I have been trained to do and verify that the transaction is not prohibited by virtue of the Anti-Money Laundering & Anti-Terrorism Financing Act 2001.

Signed by Agent	Date	Agent Code
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Agent Name:

*Delete where appropriate