

IGF INTERMEDIARIES GUARANTEE FACILITY LIMITED

(Registration number 1989/07489/06)

GROUND FLOOR, WILLOWBROOK HOUSE ,CONSTANTIA OFFICE PARK,C/O 14TH AVENUE &
 HENDRIK POTGIETER STREET,WELTEVREDEN PARK,GAUTENG ,1709
 PO BOX 5098. WELTEVREDEN PARK, 1715 .TELEPHONE +27 011 726 5391,
 TELEFAX 086 647 2276

Proposal for a guarantee in terms of regulation 4, section 45 of the Short Term Insurance Act, 1998

Each and every question must be answered in full and where a tick box requires further amplification, such information must be fully supplemented.

<input type="checkbox"/> New	<input type="checkbox"/> Renewal
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1. (a) Name of proposer _____
 (b) Contact person _____
 Principal place of business _____
 (i) Physical address _____

 _____ Postal Code _____
 (ii) Postal address _____

 _____ Postal Code _____
 Telephone number () _____ Telefax number () _____
 E-mail address: _____
 (c) Financial year end as at: month _____ year _____
 (d) FIA member: _____

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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2. (a) Type of business

<input type="checkbox"/>	Propriety Limited - (PTY) LTD	<input type="checkbox"/>	Public Limited – LTD
<input type="checkbox"/>	Close Corporation – CC	<input type="checkbox"/>	Sole Proprietor
<input type="checkbox"/>	Trust	<input type="checkbox"/>	Other – Specify

VAT NUMBER _____

(b) Company / close corporation registration number: _____
 (ATTACH CERTIFICATE TO THIS PROPOSAL)
 (c) Date business established _____
 (d) **Full names and identity numbers of directors and shareholders, partners, members and their respective percentage holding in the entity (attach a separate schedule if space insufficient) copies of the Identity documents / passports must be attached**

3. Has the proposer or any director, partner and member detailed in 2(d) above ever been insolvent or compounded with creditors? If "Yes" give full details:

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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4. Name, address and telephone number of registered auditor / accounting officer:

5.(a) List of insurance companies / underwriting managers with whom you place business:

(b) Attach letter of authority to receive, hold or in any other manner to deal with Short Term Premiums:

6. Name and branch of bankers:

 Main account number: _____

7. Is proposer protected by professional indemnity cover? Yes No
 If **"Yes"** state indemnity limit R _____
 (i) Name of insurer _____
 (ii) Policy number _____
 (iii) Deductible/excess applicable R _____

8. Is proposer protected by fidelity guarantee insurance? Yes No
 If **"Yes"** state the amount of cover any one event and in the aggregate R _____
 (i) Name of insurer _____
 (ii) Policy number _____
 (iii) Deductible/excess applicable R _____

NB In order to qualify for differential rating, attach a copy of your current professional indemnity and fidelity guarantee policies from your insurer confirming indemnity limit/sum insured and deductible/excess.

9. Has any application or policy for either fidelity or professional indemnity insurance ever been declined, cancelled or refused renewal? Yes No
 If **"Yes"** give full details: _____

10. Is the proposer or any person named in 2(c) above aware of any circumstances and/or fact that could arise to a claim against the proposed guarantee at this time or in the future? Yes No
 If **"Yes"** give full details: _____

11. Are there any further facts or information not disclosed herein which are relevant to any evaluation or eligibility for the proposed guarantee? Yes No
 If **"Yes"** give full details: _____

12. (i) If the proposer is becoming indebted to a registered insurer for the first time, please tick box and indicate below a reasonable estimate of the premium income less commissions to be retained or dealt with by you during your next financial year. Yes No
 R _____
 (ii) State guarantee required being 30% of the above amount, subject to a minimum of R 100 000 and a maximum of R 100 million.
 R _____

Address: _____

Contact Person: _____

In an effort to minimise underwriting risks, the IGF Board has resolved that all Close Corporations applying for an IGF guarantee of R750 000 or more, must have an audit performed. This requirement will effect renewals due on or after 1st January 2002.

All intermediaries are to provide the IGF with financial statements except for sole proprietors and partnerships with guarantee requirements of below R750 000.

I/We warrant that the above statements/information are true and correct in every respect and I/We have not suppressed, misstated or withheld any fact/information which may be material or otherwise. I/We agree to be bound by all terms and conditions to which the granting of this guarantee may be subject.

Signed for and behalf of the proposer (who by his/her signature hereto warrants
his/her authority to make these statements and sign this proposal)

Date

Full name and title of person signing proposal