

Public Offerings of Securities Insurance Policy Proposal Form





Note to Proposer: This is a proposal for a claims made policy. The policy for which this proposal is made, subject to its terms & conditions, is limited to loss resulting from claims first made during the period of insurance .

Signing of this Proposal Form does not bind the undersigned to complete the insurance applied for.

Should the space left for answering be insufficient, please use a separate sheet.

1. General Information

a) Name of the Company / Proposer

b) Address

c) Email ID

d) Telephone No.

e) Bank Account Details

f) Website

g) Country & Registration No.

h) Business continuously carried on by the company since

i) Business activities of the Company and its subsidiaries



Whistleblower Response	yes	<input type="checkbox"/>	<input type="checkbox"/>	no
Issuance or granting of shares or stock options	yes	<input type="checkbox"/>	<input type="checkbox"/>	no
Anti- bribery	yes	<input type="checkbox"/>	<input type="checkbox"/>	no
Compliance with SEBI(Clause 49) (if applicable)	yes	<input type="checkbox"/>	<input type="checkbox"/>	no

4. Previous Insurance

a) Has the Company, or any subsidiary, previously held, or have they now, any Directors and Officers Liability Insurance? yes no

If “yes”, please provide complete details including limit purchased, date from which coverage continuously purchased, and the Insurer:

b) (b) Has any Insurer cancelled or refused to renew any Directors and Officers Liability Insurance within the past three (3) years?

yes no

If “yes”, please provide details:

5. Initial Public Offering Particulars (including any SEBI Registration Statement

a) Are any plans for merger, acquisition or consolidation of or by the Company or any of its subsidiaries being considered? yes no

If “yes”, have they been approved by the board of directors? yes no

Date of approval _____

If so, have they been submitted to the shareholders for approval? yes no

Date of approval _____

6. Offering Documents

If a draft of the offering document is now available for review by Insurer, please enclose a copy with this completed Proposal Form. If the offering document provides



answer to the following questions (a) to (g), please answer “see page.... of enclosed offering document” where appropriate.

a) Please describe the securities to be offered and whether the offering will be in the form of equity or debt?

b) What is the price range and the total number of the shares to be issued?

c) What is the value of debt securities being offered?

d) Will the securities be listed on any Stock Exchange? If so, please specify

e) Is the Company intending to register these Securities under the SEBI?

f) Is the Company intending to apply for an exemption from registration of this offering under SEBI Act to allow sale of the securities to Qualified Institutional Buyers?

g) Will the securities be listed on any other form of Securities Market? If so, please specify

7. Cover Extension for Additional Insured

Please indicate if cover is required for any of the following and whether or not such individuals or entities are referred to in the Particulars/Registration statement (including any SEBI Registration Statement)



	Cover Requested Yes/No	Listed in Particulars or Registration Statement Yes /No
Controlling Shareholders		
Selling Shareholders		
Underwriters		
Accountants		
Experts		

If such individuals or entities are not referred to in the offering documents or Registration Statement, please provide full details of each individual on a separate sheet

8. Claim Information

- 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 Company 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 Company or any of its subsidiaries with regard to the securities of the Company or any of its subsidiaries?
yes no

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

- c) Does the Company 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”:

9. Information Requested

As an attachment to this Proposal Form, please include the following (where applicable):

- a. All offering documents or listing particulars in connection with the public offering of securities for which coverage is required (including the prospectus, any registration statements with the SEBI filed within the last twelve months, including any amendments thereto) .
- b. A copy of the underwriting agreement, which sets forth the indemnification of the Proposer in connection with the public offering of securities for which coverage is required, including all indemnities, representations and warranties given by the Proposer.
- c. Latest Annual Report and/or Form 20-F (as applicable) for the Proposer.

10. Signatory's Declaration

To the best of my/our knowledge and belief and after due enquiries, the statements and information contained in, and attached to, this Proposal Form are true and no material fact has been withheld. I/we understand a material fact is one likely to influence acceptance or assessment of the risk by the Insurer (NB: in case of doubt, please disclose or refer to your insurance broker). I/we agree that such statements and information shall form the basis of the insurance contract to be effected.

I/we requested and obtained the consent of any person or entity as regards disclosure of any of their personal data used for the purposes of completing this Proposal Form.

The person signing this Proposal Form should be duly authorised to sign on behalf of the Proposer and all covered entities and should make all necessary enquiries of his/her fellow directors, officers and employees to enable the questions to be answered and on whose behalf he/she signs.

Company

Signed

Name

Capacity

Chief Executive Officer /Chief Financial Officer / Chairman of the Board

Date

Do you need a physical copy / print out of the proposal form ? **Yes** **No**

INTERMEDIARY DETAILS

Intermediary code:

Intermediary name:

I, _____ (Full Name) in my capacity as an Insurance Advisor/Specified Person of the Corporate Agent/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the proposer including statement (s), information and responses(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between the Company and the Proposer, if this Proposal is accepted by the Company for issuance of the Policy. I have further explained that if any untrue statement(s)/information/response(s) is/are contained in this Proposal Form / including addendum(s), affidavits, statements, submissions, furnished/ to be furnished, or if there has been a non-disclosure of any material fact, the Policy issued to his/her favour pursuant to this Proposal may be treated by the Company as null and void and all premium paid under the Policy may be forfeited to the Company.

License No./ID (Advisor/Corporate Agent/Broker/Relationship Officer)

Date: DD MM YYYY

Signature of the Insurance Advisor:

AML Guidelines

I/we hereby confirm that all premiums paid / payable in future are from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.

Date: DD/MM/YYYY

Signature of the Proposer: _____



Are you or any of the proposal applicants PEPs* or a close relative/associate of PEPs*?

YES NO

If yes, please share the details of “Politically Exposed Persons”(PEPs):

* (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials.

Additional Information:

Nationality: Indian Non-Indian If, Non-Indian, please specify Country:-----

Type of Organisation:

- (i) Corporations
- (ii) Trust
- (iii) Government
- (iv) Partnership
- (v) Non-Government Organisations
- (vi) Co-operatives
- (vii) Society
- (viii) Private Limited Company
- (ix) Public Limited Company
- (x) others, please specify-----

Source of Funds:

Business:----- Salaried:----- Others (please specify)-----

DECLARATION

I/We agree that the Policy shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particular in the proposal form/personal statement, declaration and connected documents, or any material information has been withheld by me/us or anyone acting on my/our behalf to obtain any benefit under this Policy.

I/We, the undersigned hereby declare and warrant that the above statements are true, accurate and complete. I/We desire to effect an insurance as described herein with the Company and I/We agree that this proposal and declarations hereto shall be the basis of contract between me/us and the Company and I/We agree to accept a Policy subject to the conditions prescribed by the Company.

I/We agree that the issuance of Policy/Cover Note shall be subject to realisation of premium cheque.

I/We hereby agree and confirm that if the amount collected is less than the premium quoted or revised as per changes in sum proposed for insurance or scope of cover desired by me/us, the proposal shall be considered for acceptance for a reduced sum appropriate to the premium collected and the Policy shall be finalised accordingly.

I hereby consent to and authorize Magma HDI General Insurance Company Limited to make welcome calls, service calls or any other communication (electronic or otherwise) with respect to the proposed or existing policy of Company from time to time and subject to the provisions of applicable law.

I wish to get all policy related communications on my Whatsapp (other app) number.

I/We hereby declare and undertake that the amount paid by me/us as premium for aforementioned policy is out of my/our lawful and declared source of income.

VERNACULAR DECLARATION



I hereby declare that I have fully explained the contents of the proposal form and all other documents incidental to availing the insurance from **Magma HDI General Insurance Company Limited** to the proposer in the language understood by him/her. The same has been fully understood by him/her and the replies have been recorded as per the information provided by the proposer. Replies have been read out to, fully understood and confirmed by the proposer.

Place: _____ Proposer's
Signature _____

Company stamp

Date: _____ Name: _____ Designation

(DD-MM-YYYY)

Prohibition of Rebates Under Section 41 of Insurance Law (Amendment) Act, 2015

No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.

Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to ten lakhs rupees.