

PROPOSAL FORM FOR PUBLIC OFFERING OF SECURITIES INSURANCE

Note to Proposer:

<u>This is a proposal for a claims made policy</u>. 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 or any discovery period if applicable.

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 Company/ Proposer:
(b)	Principal address:
(c)	Website:
(d)	Country and No. of registration:
(e)	Business continuously carried out by the Company since:
(f)	Business activities of the Company and its subsidiaries:

2. Ownership

(a) Are any of the Company'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.

Debt

If the shares of the Company or of any of its subsidiaries are publicly traded, please specify the Exchanges on which they are listed: _____

(b) Total number of voting shares outstanding:



- (c) Total number of voting shareholders:
- (d) Total number of voting shares owned by the Company's directors and officers, both direct and beneficial:

Are there any shareholders owning directly, indirectly or beneficially 10% or more of the share capital of the Company? If "yes", please provide details:

3. Company's Policies

Does the Company have any express written policy on any of the following:

•	Insider trading	∐ yes ∐no
•	Whistleblower Response	🗌 yes 🗌 no
•	Issuance or granting of shares ot stock options	🗌 yes 🗌 no
•	Anti- bribery	🗌 yes 🗌 no
•	Compliance with SEBI(Clause 49) (if applicable)	🗌 yes 🗌 no

4. Previous Insurance

(a) Has the Company, or any subsidiary, previously held, or have they now, any Directors and Officers Liability Insurance?

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

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

If "yes", please provide details:

5.	Initial Public	Offering Partic	ulars (including	anv SEBI Re	gistration Statement)
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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?

Toll Free: 1-800-103-5499; SMS "claim" to 56161 GSTIN: 06AAACI7573H1ZG; SAC Code: 9971 Regd. Office: IFFCO SADAN, C1 Distt Centre, Saket, New Delhi -110017 Corporate Identification Number (CIN) U74899DL2000PLC107621, IRDA Reg. No. 106 Consolidated Stamp Duty Deposited as per the order of Government of National Capital Territory of Delhi

□ yes□ no

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Date of approval	
If so, have they been submitted to the shareholders for approval?	☐ yes⊡ no

6. Offering Documents

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If a draft of the offering document is now available for review by Insurers, 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?_____

Date of approval_____

- (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 Insureds

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		

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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. Claims 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?

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

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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 (<u>NB: in case of doubt, please disclose or refer to your insurance broker</u>). 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	

INSURANCE ACT 1938, SECTION 41 - PROHIBITION OF REBATES

No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out renew or continue an insurance in respect of any kind of risks 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 our or renewing or continuing 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 10 lac rupees