

Maklerbüro Th. Schreiter e.K.
insurance broker
Virchowstr. 16
D- 08371 Glauchau

Phone: +49 3763 489100
Fax: +49 32 224 307 984
info@4321start.com
www.4321start.com

Directors' and Officers' Liability and Company Reimbursement Insurance Application Form

name

address

Zipcode town

country

E-Mail

Phone

Fax

Cellphone

website

Directors' and Officers' Liability and Company Reimbursement Insurance Application Form

This is an Application for a policy relating only to claims made against the insured party during the currency of said policy.

Please answer all questions fully. If there is insufficient space use a separate sheet.

SIGNING THIS APPLICATION DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE

1. a. Name of Parent Company:

1. b. Address of Head Office

2. a. How long has the Company
continuously carried on business?

2. b. What are the business activities of
the Company and its Subsidiaries?

3. During the past five years has:

a. the name of the parent company changed?

b. any acquisition or merger taken place?

c. any subsidiary company been sold or ceased trading?

d. the capital structure of the company changed?

If "Yes" , in any case, please provide full details:

4.a. Has the company any acquisition, tender offer or merger pending or under consideration?

4. b. Is the company aware of any proposal relating to its acquisition by another company?

4. c. Is the company intending a new public offering of securities within the next year in the U.K. or elsewhere?

If "Yes", please give full details:

5. Is the company:

a. private?

b. public?

c. listed on any U.K. stock exchange?

d. listed on any foreign stock exchanges?

e. listed on the Unlisted Securities Market?

f. traded in any other way?

If "Yes", please give full details:

6. Please list:

a. total number of shareholders:

b. total number of share issued:

c. total number of shares held by Directors and Officers (both directly and beneficially):

d. all holding representing 15% or more of the Ordinary Share Capital of the company giving the holder and the percentage held by each:

--

7. Please give details of any changes to the list of Directors and Officers given in the company's last Annual Report:

--

8. Please give a complete list of all subsidiary companies including the country of registration and the percentage owned by the parent company other than those companies shown in the last Annual report:

--

Questions 9,10,11 and 12 are to be completed only if cover is required for claims made in the United States of America or Canada, or claims made elsewhere arising out of the company's operations in the United States of America or Canada.

9. Please give the total gross assets of the company in North America:

--

10.a. Please list those subsidiaries in North America that are not wholly owned together with the company's percentage interest in each:

--

10. b. Please detail who owns the minority stock of each company:

--

11.a. Does the company or any of its subsidiaries have any stock, shares or debentures in North America?

If "Yes" On what date was the last offer/ tender/ issue made:

Was the offer subject to the United States Securities Act of 1933 and/ or The Securities Exchange Act of 1934 and/ or any amendments thereto?

If any stocks or shares are traded in the form of ADR's, please advise:

(i) whether they are sponsored or unsponsored:

(ii) the percentages traded a total of the issued share capital:

(iii) the number of ADR shareholders:

11.b. Does the company or any subsidiaries have any debt instruments or commercial paper in North America?

If "Yes", please provide full details:

12. Please enclose a copy of the latest 20-F filing made to the USA Regulatory Authorities.

If not applicable, so state.

13. If directors and officers liability insurance has been carried during the past three years, please state:

a. Insurer b. Expiry date of policy

c. Limit of liability d. Premium

14. Has any previous policy for directors and officers liability insurance been cancelled or refused by any insurer?

If "Yes", please provide details:

15. Have any claims been made against any past or present director or officer of the company or its subsidiaries?

If "Yes", please provide full details:

16. Is any person proposed for insurance aware of any fact, circumstance or incident that may give rise to claim that would fall within the scope of the proposed insurance?

If "Yes", please give full details:

17. Limit of liability required:

DECLARATION:

I declare that to the best of my knowledge and belief that, after inquiry, the statements set forth herein are true and that no material facts have been misstated or suppressed.

I agree that this application, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform insurers of any material alteration to those facts occurring before the completion of the contract of insurance.

Signed:

To be signed by the Chairman of the Board or the Chief Executive

Company:

Date:

Please enclose with this application:

- a. The last two Annual Reports and Accounts for the company;
- b. The last two Interim Financial Statements (if applicable);
- c. Any Offer Document/ listing particulars published in the last 12 months.