MONEY INSURANCE APPLICATION FORM A. The Applicant's information The Applicant Contact address Telephone Email Tax code Business license No. Business field B. Insurance coverage Address of insured location (Or as attached lists) Coverage 1. Cash in transit; Scope of cover...... 2. Money in premises; Location insured...... 1. □ Cash in transitdong/ □ occurrence /□ and □ during the insurance period Sum insured 2. ☐ Money in premisesdong/ ☐ occurrence /☐ and ☐ during the insurance period C. Insurance period From hour minutes date month year To hour date month minutes year D. Detail information (1) Details of transiting money: a) How far is location depositing or collecting money from the Premises? b) How is the journey made, e.g. on foot or by public or private conveyance? c) What is the average amount per time? d) What is the highest amount per time? e) How often will highest amount be carried? f) Estimated annual carrying? g) What is the number of adults males who undertake each journey to deposit or collect money? h) What special precautions are taken?..... (2) Details of money stored in the warehouse and at Cashier: ☐ Yes ☐ No a) Is all the money kept in a safe? b) Date of purchase: New or secondhand? c) Size, Weight and if marked Thief – resisting? d) Is the safe securely fixed? If so, by what means?.... e) The building containing the safe is constructed of brick, stone, concrete, the proof covered by stone or concrete? □ No □ Yes If not, please state detail..... Is there thief - bell at the warehouse or not? If any, please state detail? The producer: The bell, telephone connected with the police or alarm center

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| Application type: | ⊔ Renew | ⊔ New | Channel: | Sellers' s name/ code: | 1/2 |

| FΩ | other information | | |
|------|---|--|---|
| (1) | | | □ No |
| | (i) Name of Insurer: | | |
| | (ii) Sum Insured (USD/VND): | | |
| | (iii) Insurance Period: | | |
| (2) | Has any Insurer ever declined your insurance or required a proposal to be withdrawn? | ☐ Yes | □ No |
| (3) | Has any Insurer ever cancelled or refused to renew your insurance? | ☐ Yes | □ No |
| | Has any Insurer ever required an increase in premium rate or stipulated special condition (if so, state name of Insurer) | | □ No |
| (5) | Does the insured(s) adjoin any other premises? If Yes, please state its nature of business Detail: | — 103 | □ No |
| (6) | If Money, other than Money for payment of wages, salaries and other earnings is kept of business hours in a locked receptacle other than a safe or strong room the Company prepared to consider insuring with the condition is that money amount is not excee | is | □ No |
| | Is there any loss in the recent 3 years? If yes, please advice: | ☐ Yes | □ No |
| Det | tails: | | |
| (8) | Mode of Payment | | |
| | ☐ Bank transfer ☐ Cash at the Company ☐ Cash | sh via Agent or Sa | ales staff |
| (9) | Language of the Policy | | |
| | □ English □ Vietnamese | | |
| F. D | eclaration | | |
| (2) | knowledge and belief, and we hereby agree that this Application Form shall form the Policies issued in connection with the above risk or risks. The Insured undertakes to inform the Insurers of any material alteration whereby the reserve the right to modify any quotation made in the light of such alteration. | e basis and be perisk is increased incression of the control of th | ed, and the Insurers ne right to suspend time of suspension ases of insurance: |
| (3) | | | |
| | | | |
| | Date (dd/mm/yyyy) Signature & Co | mpany Stamp | |
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| Application type: | | □ New | Channel: | Sellers' s name/ code: | 2/2 | | | |