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..... 3. Others: 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) What is the number of adults males who undertake each journey to deposit or collect money? g) What special precautions are taken?..... (2) Details of money stored in the warehouse and at Cashier: a) Is all the money kept in a safe? ☐ Yes ☐ No 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? ☐ Yes □ No 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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E. Other information (1) Is there any other insurance covering the same property in force with Phu Hung or any ☐ Yes ☐ No other Insurance Company? If yes, please advice the total sum insured and names of the **Insurance Companies** (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(USD/VND): (iii) Insurance Period: (2) Has any Insurer ever declined your insurance or required a proposal to be withdrawn?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 (4) Has any Insurer ever required an increase in premium rate or stipulated special conditions? □ Yes □ No (if so, state name of Insurer) (5) Does the insured(s) adjoin any other premises? If Yes, please state its nature of business? ☐ Yes □ No Detail: (6) If Money, other than Money for payment of wages, salaries and other earnings is kept out ☐ Yes □ No of business hours in a locked receptacle other than a safe or strong room the Company is prepared to consider insuring with the condition is that money amount is not exceeds If such cover is required please state? (7) Is there any loss in the recent 3 years? If yes, please advice: ☐ Yes □ No Details: (8) Mode of Payment ☐ Bank transfer ☐ Cash at the Company ☐ Cash via Agent or Sales staff (9) Language of the Policy □ English □ Vietnamese F. Declaration We hereby declare that the statements made by us in the Application Form are complete and true to the best of our knowledge and belief, and we hereby agree that this Application Form shall form the basis and be part of any Policy of Policies issued in connection with the above risk or risks. The Insured undertakes to inform the Insurers of any material alteration whereby the risk is increased, and the Insurers reserve the right to modify any quotation made in the light of such alteration. According to Item a Clause 2 Article 19 of Law on Insurance Business: "An insurer shall have the right to suspend unilaterally the implementation of an insurance contract and to collect the insurance premium up until the time of suspension of implementation of the insurance contract, upon one of the following acts being committed by the purchases of insurance: a) Intentionally providing false information with the aim of entering into an insurance contract in order to be paid insurance proceeds indemnity;" The Insurance Policy is valid subject to the Insurer's agreement Date (dd/mm/yyyy) Signature & Company Stamp

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