

Audit Firm Name: _____

Shareholder/s Name: _____

Director/s Name: _____

Kindly complete the following questionnaire in relation to the audit firm itself as well as for each partner / member / employee of the audit firm. Should you answer any question with "yes", please provide explanation on a separate sheet.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you been a director, partner or concerned in the management of a company or partnership which has gone into insolvent liquidation whilst the individual was connected with that company or partnership within one year from the date of this application? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been refused the right to have a trade / business / profession which requires a license / registration or other authority? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you received any disciplinary action from a government body or any self-regulatory organisation or professional body? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you breached any provision of financial service legislations or codes of practice made under or by a financial services regulator or other supervisory body? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have been you been allegedly accused for misconduct or malpractice by any corporate body? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you been convicted or found guilty for fraud, misconduct of any offense by any court of jurisdiction? | <input type="checkbox"/> | <input type="checkbox"/> |

Signature over printed name : _____

Date: _____