



REGENCY ALLIANCE INSURANCE LIMITED
65 Patrice Lumumba Road. Airport Residential Area
P. O. Box CT 6342 Cantonments, Accra Tel: +233-302-778106, Fax+233-302-782871

BANKERS INDEMNITY PROPOSAL FORM

BROKER/ PROPOSER:-.....

PLEASE NOTE: Every Proposer or Assured, when seeking a quotation, taking out or renewing and Insurance Policy, has a legal obligation to reveal to the Insurers any material fact or information which might affect the judgment of the Insurer in deciding whether to accept the insurance or assessing the conditions of the insurance. Failure to observe this obligation could avoid any contract entered into at inception.

SECTION 'A' - PARTICULARS OF BANK

1. Title of the Bank including all Banking subsidiary Companies in which the Bank has a controlling interest.....
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2. Principal Address.....
3. When established.....
4. Authorised Capital.....
Paid Up Capital.....
Total Assets.....
Total Deposits.....
Total Loans and Discounts.....

These should be as shown in the last Annual Statement or Report.

5. Do you consider the character of your business essentially to be that of a:-
 - a) Commercial Bank ?.....
 - b) Private Bank ?.....
 - c) Merchant Bank ?.....
 - d) Otherwise (please give details).....Please describe briefly the main activities of the Bank to amplify answers.....
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- 6. State number of:
 - a) Current Cheque Accounts.....
 - b) Inactive Accounts (being those with no movements in or out during the past 12 months)
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 - c) Savings and Deposit Accounts.....

- 7. Name of Correspondent Bank or Agent in London.....
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SECTION 'B' - STAFF AND LOCATION

- 8. State the Number of Directors (Salaried and Permanent only).....
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- 9. State the Number falling into each of the following categories:
 - a) Head Office.....
 - b) Computer Centre.....
 - c) Administration Centre.....
 - d) Main Branches.....
 - e) Other Branches.....

SUM INSURED FOR THE INSURING CLAUSES

- 1. Infidelity of Employees:.....
- 2. Premises:.....
- 3. Transit:.....
- 4. Forged Cheques et al:.....
- 5. Forged Securities et al:.....
- 6. Counterfeit Currency:.....
- 7. Damage to Offices and Contents:.....
- 8. Loss of Subscription Rights:.....
- 9. TOTAL SUM INSURED:.....

DECLARATION BY PROPOSER

I/ We hereby declare that the above particulars and statements are true, correct and complete and contain all information known to me/ us affecting the risks to be insured, and that this and any other written statement made by me/ us or on my/ our behalf or the purpose of the proposed Insured shall be the basis of and incorporated in, the terms and conditions set forth in the Company's Policy.

Proposer's Signature.....Date:.....

Broker's/ Agent's Signature:.....

Broker/ Agent:.....