

EXCESS OF LOSS POLICY
EVIDENCE OF COVER

INSURERS: ARCH 2012 at Lloyd's of London.

INSURED: ACG International Limited.

BENEFICIARIES: Customers of the Insured who satisfy the requirements for Claimants set out in the Policy.

ADDRESS: Silicon Avenue, 40 Cybercity 2nd Floor
Suite 207, The Catalyst
Ebene 72201
Mauritius

POLICY PERIOD: From: 1 October 2019
To: 30 September 2020

COVER: The Insurer shall, on the occurrence of an Insolvency Event during the Policy Period, pay to the Insured for the benefit of Claimants, an amount equal to the Ultimate Net Loss of each Claimant subject to the terms, conditions, exclusions from and limits of liability set out in this Policy.

SUM INSURED: Up to USD 1,000,000 per Claimant, subject to and in accordance with the limits and the terms and conditions of the Policy.

RETENTION: In respect of each Claimant USD 20,000 each claimant.

IMPORTANT NOTES

1. This evidence of insurance is provided for information purposes only and confers no rights upon any person in possession of it.
2. This evidence of insurance does not amend, extend or alter the terms of the Policy or otherwise form part of the Policy.
3. The insurance afforded by the Policy is subject to all terms, exclusions and conditions of such Policy and, in particular, the Policy contains a number of important limitations on and exclusions to the provision of insurance under the Policy
4. The Insured and Beneficiaries are required to comply with certain obligations in order for a claim under the Policy to be valid.
5. In the event of conflict, the terms and conditions of the Policy shall prevail.
6. Capitalised terms in this document have the meaning set out in the Policy.
7. A copy of the Policy is available, on request from the Insured and should be reviewed by all parties who may be a beneficiary of the Policy.

Signed.......... Dated.....1st October 2019
Title.....Underwriter.....



EXCESS OF LOSS POLICY
EVIDENCE OF COVER

INSURERS: ARCH 2012 at Lloyd's of London.

INSURED: AFS Global Limited.

BENEFICIARIES: Customers of the Insured who satisfy the requirements for Claimants set out in the Policy.

ADDRESS: Office 3, Jamie Business Centre F10
First Floor Paragon Labuan
Federal Territory of Labuan
87000, Malaysia

POLICY PERIOD: From: 1 October 2019
To: 30 September 2020

COVER: The Insurer shall, on the occurrence of an Insolvency Event during the Policy Period, pay to the Insured for the benefit of Claimants, an amount equal to the Ultimate Net Loss of each Claimant subject to the terms, conditions, exclusions from and limits of liability set out in this Policy.

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Signed.....  Dated..... 1st October 2019
Title..... Underwriter.....

