

FL- 034 INV BANK Q



1. PERCENTAGE INCOME SPLIT AMONG INVEST	tment banking operation	IS. INCOME	Industry served and % split			
M&A/CORPORATE ADVISORY		%				
EQUITY – NEW ISSUANCE		%				
EQUITY – SECONDARY ISSUANCE		%				
DEBT – NEW ISSUANCE		%				
DEBT – SECONDARY ISSUANCE		%				
(please provide full details on high yield offerin	ngs)					
DEBT CAPITAL RAISING		%				
2. GROSS REVENUE DERIVED FROM INVESTMEN	NT BANKING ACTIVITIES FOR	THE LAST THREE YEAR	S WITH AN ESTIMATE FOR CURRENT YEAR:			
			% INCOME DERIVED FROM US			
2003 \$	(Estimate)					
2002 \$						
2001 \$	_					
2000 \$	_					
3. AVERAGE FEE INCOME ANY ONE CLIENT	\$					
4. LARGEST FEE INCOME ANY ONE CLIENT	\$					
5.AVERAGE \$ VALUE ANY ONE TRANSACTION	\$					
6.AVERAGE NUMBER OF TRANSACTIONS ANY C	ONE YEAR					
7.NUMBER OF FAILED/INCOMPLETE TRANSACTI (Please provide details) 8.AVERAGE UNDERWRITING PARTICIPATION TO						
9.LARGEST UNDERWRITING PARTICIPATION TO	DATE					
10.PLEASE DESCRIBE THE TYPE OF PARTICIPATION	DN					
11.TOTAL NUMBER OF STAFF						
A. PARTNERS/DIRECTORS/PRINCIPLES						
B. EMPLOYEES Please attach resumes						
12.ARE THERE INTERNAL GUIDELINES IN EFFECT	WITH RESPECT TO PROCEDUR	ES TO ENSURE COMPLI				
DO YOU HAVE PROCEDURES IN PLACE TO	ENSURE COMPLIANCE?		YES [] NO [] YES [] NO []			
13.ARE THERE INTERNAL GUIDELINES IN EFFECT		ES TO ENSURE ADEQU				
			YES [] NO []			
DO YOU HAVE PROCEDURES IN PLACE TO EI			YES [] NO []			
14.ARE THERE INTERNAL GUIDELINES IN EFFECT IN M&A TRANSACTIONS? DO YOU HAVE PROCEDURES IN PLACE TO EI			YES [] NO [] YES [] NO []			
15. ARE THERE INTERNAL GUIDELINES IN EFFECT						
TO ANY INVESTMENT BANKING TRANSACTIC DO YOU HAVE PROCEDURES IN PLACE TO EI		RRIED OUT?	YES [] NO [] YES [] NO []			
16. IS A SECONDARY INDEPENDENT REVIEW OR I OR DOCUMENTATION TO ENSURE ALL ASPE DO YOU HAVE A PROCEDURE OR COMMITT	CTS OF THE TRANSACTION AS	AGREED HAVE BEEN (COMPLETED? YES [] NO [] PRIOR TO THE CLOSE OF THE TRANSACTION?			
			YES [] NO []			

17. ARE THERE ADEQUATE PROCEDURES IN PLACE TO RINGFENCE SENSITIVE INFORMATION AND TO ENSURE NO CON- WITH OTHER AREAS OF YOUR ORGANIZATION?	IFLICT OF I YES [STS NO []	
18. HAVE YOU REASONABLE PROCEDURES IN PLACE WITH RESPECT TO VALUATION WORK UNDERTAKEN TO ENSURE					
THE REASONABLENESS OF SAME	YES []	1 ОИ]	
ARE SPECIFIC ENGAGEMENT LETTERS USED?	YES []) ON]	
PLEASE COMMENT AS TO WHETHER THE BANK ISSUES A PRE-ISSUANCE / PROSPECTUS RESEARCH REPORT AND IF S	O HOW DO	OES IT	ensure	THAT	
BOTH THESE DOCUMENTS ARE NOT VIEWED COLLECTIVELY BY A PROSPECTIVE USER IN FORMING THEIR INVESTING	3 DECISIO	N.			
Please comment on:					
THE STANDARD BLACK OUT PERIOD					
THE RISK DISCLOSURES PRESENTED IN BOTH					
TO WHOM THESE RESEARCH REPORTS ARE SENT					
ARE THESE RESEARCH REPORTS SENT TO US INVESTORS					
PROCEDURES IN PLACE TO ENSURE THE ACCURACY AND COMPLETENESS OF THE SAME					
19. DO YOU HAVE ANY MATERIAL REGULATORY, INTERNAL OR EXTERNAL RECOMMENDATIONS OUTSTANDING OR NO	T IMPLEME			•	
If yes, please provide full details. 20. IN THE PAST FOUR YEARS HAS ANY CLIENT AND/OR OTHER THIRD PARTY MADE A WRITTEN COMPLAINT TO THE API	PLICANIT O		S[]	NO []
REGULATORY BODY OR COMMENCED ANY CIVIL PROCEEDING IN CONNECTION WITH ANY TRANSACTION?	LICAIVI OI		5[]	NO []
If yes, please provide full details.					
21. HAS THE APPLICANT, ANY OF ITS SUBSIDIARIES OR ANY DIRECTOR, OFFICER, PARTNER OR TRUSTEE: A. BEEN CHARGED IN ANY CIVIL OR CRIMINAL ACTION OR ADMINISTRATIVE OR REGULATORY PROCEEDING WITH	A VIOLATIO	ON OF	ANY		
SECURITIES LAW OR REGULATION?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		S[]	NO []
B. BEEN CHARGED IN CONNECTION WITH ANY ACTION OR ADMINISTRATIVE OR REGULATORY PROCEEDING REG.	arding al			1.014	,
OF MARKET ABUSE? C. BEEN CHARGED IN CONNECTION WITH ANY ACTION OR ADMINISTRATIVE OR REGULATORY PROCEEDING REG	ARDING "L		S[] ING"	NO [J
OR "SPINNING" OR "CONFLICTS OR INTEREST" OR OTHER?			S []	NO []
If the answer is yes to any of the foregoing, please provide full details.					
22. HAS THERE BEEN OR IS THERE NOW PENDING ANY CLAIMS AGAINST ANY PERSON OR ENTITY PROPOSED FOR INSU- OUT OF, OR IN CONNECTION WITH AN INVESTMENT BANKING TRANSACTION?	JRANCE AL		G, Arisii S []	NG NO []
If yes, please provide full details. 23. DOES ANY PERSON OR ENTITY PORPOSED FOR INSURANCE HAVE KNOWLEDGE OF ANY ACT, ERROR OR OMISSION	۷ MHICH ۷	ΛΙGHT (GIVE RIS	SE TO A C	I AIM(S)
UNDER THE PROPOSED POLICY?	* *************************************	YES		NO [
If yes, please provide full details. IT IS AGREED THAT WITH RESPECT TO QUESTIONS 20-23 ABOVE, IF SUCH DEMAND OR CLAIM EXIST OR IF SUCH KNOW OR INVOLVEMENT EXISTS, ANY CLAIM OR ACTION ARISING THERE FROM IS EXCLUDED FROM THE PROPOSED COVERAGE PLEASE ATTACH:	•	IFORMA	NOIT		
 A) STANDARD INVESTMENT BANKING ENGAGEMENT LETTER. IF DIFFERENT LETTERS ARE APPLICABLE TO DIFFEREN PLEASE PROVIDE A COPY OF EACH. 	T TYPES OF	- TRANS	SACTIO	NS,	
B) A LIST OF ALL INVESTMENT BANKING CLIENTS FOR THE PAST THREE YEARS. I DECLARE THAT THE STATEMENTS AND PARTICULARS IN THIS APPLICATION ARE TRUE AND THAT I HAVE NOT MIS FACTS. I AGREE THAT THIS QUESTIONNAIRE TOGETHER WITH ANY OTHER INFORMATION SUPPLIED BY MIS CONTACT OF INSURANCE AFFECTED THEREON. I UNDERTAKE TO INFORM AIG OF ANY MATERIAL ALTERATION COMPLETION OF THE INSURANCE POLICY.	E/US SHAI	LL FOR	RM THE	BASIS C	OF AN'
NOTICE: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO DEFRAUD PROVIDES FALSE INFORMATOR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED WILL BE SE A FINE OF NO LESS THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEEDING TEN THOUSAND (\$ TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATING CINCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING CIRCUMSTA MINIMUM OF TWO (2) YEARS. SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE.	OR PRESEINTENCED 510,000) D CIRCUMSTA	NTS M FOR E DOLLAF ANCES	ORE THE ACH V RS, OR , THE T	HAN ONE IOLATION BE SENT TERM CO	E CLAIA N WITH TENCEI OULD BI
GIOTALIA TELIO TROI COME LORM DOLO MOL DIND THE ENOI COER TO COMPLETE THIS INSURANCE.					