

Professional Indemnity Insurance Schedule

Policy Number	Reason for Issue
FD_PL_AEGIS_2020010	New Business

Period of Insurance	Retroactive Date
From: 05/11/2020 to 05/11/2021 Both dates inclusive	N/a

Insurance Advisor	
Falcon Insurance PO Box 1478 Victoria Mahé Seychelles	

Policy Information	Description
Proposer:	Pure M Global Limited
Business Name:	Pure M Global Limited
Trading Name (if applicable)	Pure M Global Limited
Business Description:	Forex and CFD's STP Broker
Business Registration Number:	TBA
Business Premises Address	805/103 Rue D'Auvergne – Port Vila, Vanuatu
Territorial Limits	Worldwide excluding USA/Canada
Jurisdiction	Seychelles
Wording	Falcon-Errors and Omissions Wording (offshore)

Sections	Section operative	Limit anyone period of insurance (\$USD) in the aggregate including costs & expenses	Deductible – each and every claim including costs and expenses (\$USD)
Professional Indemnity	Operative	USD 500,000.00 aggregate USD 50,000 any one claim	USD 10,000 each and every loss deductible.

Endorsements applying

Condition, Warranties and Subjectivities applying
<p>Special Conditions:</p> <ul style="list-style-type: none"> • Prior acts exclusion • Exclude loss of documents • Exclude Libel & Slander • Worldwide excluding USA / Canada • Money Laundering exclusion • Exclude guaranteed return schemes • Sanction and limitation exclusion • Income from Russia/China not to exceed 15% of fee income in any one period of cover • Warranted all subsidiaries or associated companies of Pure M Global Limited to hold valid Professional Indemnity to

Office Address: Office 27 | Eden Plaza | Eden Island | Mahe | Seychelles

Falcon Insurance Limited is a registered Company in the Republic of Seychelles. Company Number: 8412237-1.

Falcon Insurance Limited is authorised and regulated by Seychelles Financial Services Authority

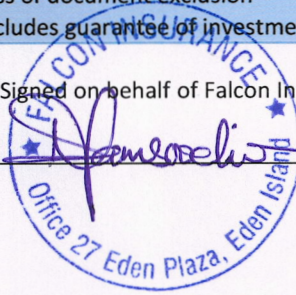
Falcon Insurance

same limit as minimum.

- Rectification Only
- Loss of document exclusion
- Excludes guarantee of investment return schemes.

Stamped & Signed on behalf of Falcon Insurance Company Limited.

Signature: _____



Position: Underwriter.