

FINAL RESPONSE FORM

December 11th, 2024

From:

[REDACTED]

To:

Exportni garancni a pojistovaci spolecnost, a.s. (EGAP)
Vodickova 34/701
111 21 Prague 1
Czech Republic

Attn. [REDACTED] *Marek Dlouhy*

We refer to the Agreement between us dated May, 19th 2003 ("**Agreement**") and the Proposal Form dated August, 20th 2024 ("**Final Proposal Form**").

Your Reference Number: [REDACTED]

Our Reference Number: [REDACTED]

We hereby accept the proposal you have made and will provide reinsurance you require on the terms set out in the Agreement dated May, 19th 2003 and the Final Proposal Form dated August, 20th 2024.

We kindly ask you to provide us with the Policy Issued Form at your earliest convenience and to transfer our share of the premium to the following bank account:

[REDACTED]

Please note that our commitment to provide the Reinsurance is subject to [REDACTED].

Best regards,

[REDACTED]

[REDACTED]