

FORM - 4

(Read with Regulation 10)

PART B

Name of the Insurer:

Registration Number:

Statement as on:

INTERNAL / CONCURRENT AUDITOR'S CERTIFICATE ON INVESTMENT RISK MANAGEMENT SYSTEMS - IMPLEMENTATION STATUS

CERTIFICATE

We certify that all issues, to be reported to IRDAI on implementation of Investment Risk Management Systems and Process, for the Quarter and pending issues of previous Quarter(s) [as committed to IRDAI], and as listed in the Chartered Accountant's Certificate issued, vide IRDAI Circular, have been covered in the above table.

Chartered Accountants

Place:

(Internal / Concurrent Auditor)

Date:

Note:

- 1. No. (under Col. 1 in above table) shall be as per the Annexure(s) to the Certificate issued by the Chartered Accountant appointed to certify implementation of Investment Risk Management Systems and Process*
- 2. If all the issues have been complied with and no issues to be reported, a NIL statement should be filed*