F	R	M	_	4

Name of the Insurer:

Registration Number:

Statement as on:

## ${\tt INTERNAL\,/\,CONCURRENT\,AUDITOR'S\,CERTIFICATE\,\,ON\,\,INVESTMENT\,RISK\,\,MANAGEMENT\,SYSTEMS-IMPLEMENTATION\,\,STATUS}$

No	Annexure Ref	Audit Objective	Audit Observation	Severity of Non Compliance	Action(s) taken for Compliance	MMM/YYYY Committed by the Insurer's Board to IRDA for complying with the requirement	Proof provided (or) demonstrated by the Insurer, to the Auditor to comply with the Requirement	Remarks & Comments of Audit Committee of the Board on non- compliance of 'time frame' communicated to IRDA on implementing Systems & Processes
1	2	3	4	5	6	7	8	9
A	ISSUES OF	PREVIOUS Q	UARTER(S)					
В	ISSUES TO BE COMPLIED IN CURRENT QUARTER							

## **CERTIFICATE**

We certify that <u>all issues</u>, 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