

FORM - 4A**(Read with Regulation 10)****PART A****Name of the Insurer:****Registration Number:**

Statement as on:

Total Investment Assets for the quarter as per FORM 3A/3B:

EXPOSURE NORMS COMPLIANCE - INVESTEE COMPANY

Rs. Crore

No	Investee Company	Whether (Equity/ Debt)	Equity		Debt + Others		Equity + Debt + Others		Deviation Amount		
			Eligibility Limit as per Regulation 9	Actual	Eligibility Limit as per Regulation 9	Actual	Eligibility Limit as per Regulation 9	Actual	Equity	(Debt + Others)	Equity + Debt + Others

CERTIFICATION

Certified that the information given herein are correct, complete and nothing has been concealed or suppressed, to the best of my knowledge and belief.

Signature: _____

Date:

Full name: _____**Authorised Signatory** _____**Note:**

1. Above table shall be compiled separately for Life, Pension & General Annuity and Group Business and Individually for each Segregated Fund (SFIN) AND at Assets under Management Level

2. Only (-ve) deviations are to be reported

3. Exposure would be on the basis of Book Value for Non-unit linked funds & on Market Value for Unit linked Funds

FORM - 4A**(Read with Regulation 10)****Name of the Insurer:****PART B****Registration Number:****Total Investment Assets for the quarter as per FORM 3A/3B:**

Statement as on:

Rs. Crore

EXPOSURE NORMS COMPLIANCE- PROMOTER GROUP

No	Name of Group Company	Eligibility limit of group as per Regulation 9	Actual Investment	Actual Investments (Cumulative)	Deviation
a	b	c	d	e	f=c-e

CERTIFICATION

Certified that the information given herein are correct, complete and nothing has been concealed or suppressed, to the best of my knowledge and belief.

Date:

Signature:**Full name:****Authorised Signatory**

Note:

- Above table shall be compiled in aggregate of its total investments*
- Exposure would be on the basis of Book Value for Non-unit linked funds & on Market Value for Unit linked Funds*

FORM - 4A**(Read with Regulation 10)****PART C****Name of the Insurer:****Registration Number:**

Statement as on:

Rs. Crore

Total Investment Assets as per FORM 3A/3B:
EXPOSURE NORMS COMPLIANCE- GROUP

No	Name of Group Company	Eligibility limit of group as per Regulation 9	Actual Investments	Deviation
a	b	c	d	e=c-d

Total

CERTIFICATION

Certified that the information given herein are correct, complete and nothing has been concealed or suppressed, to the best of my knowledge and belief.

Date:

Signature:**Full name:****Authorised Signatory**

Note:

1. Above table shall be compiled separately for Life, Pension & General Annuity and Group Business and Individually for each Segregated Fund (SFIN) AND at Assets under Management Level its total investment assets
2. Exposure would be on the basis of Book Value for Non-unit linked funds & on Market Value for Unit linked Funds
3. The Total of Column 'd' should reconcile with Total Investment Assets as per FORM 3A

FORM - 4A

(Read with Regulation 10)

PART D

Name of the Insurer:

Registration Number:

Statement as on:

Rs.Crore

Total Investment Assets as per FORM 3A/3B:

EXPOSURE TO INDUSTRY SECTOR

No	Name of Industry Sector (as per Regulations)	Eligibility limit of industry as per Regulation 9	Actual Investments	Deviation
a	b	c	d	e=c-d

Total

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CERTIFICATION

Certified that the information given herein are correct, complete and nothing has been concealed or suppressed, to the best of my knowledge and belief.

Date:

Signature:

Full name:

Chief of Finance

Note:

1. Above table shall be compiled separately for Life, Pension & General Annuity and Group Business and Individually for each Segregated Fund (SFIN) AND at Assets under Management Level its total investment assets
2. Exposure would be on the basis of Book Value for Non-unit linked funds & on Market Value for Unit linked Funds
3. The Total of Column 'd' should reconcile with Investment Assets as per FORM 3A