

**Certificate for Advance Reinsurance Programme**

Name of Insurer:

Financial Year:

Certified that the information submitted in the advance reinsurance summary format in compliance with the IRDA (Reinsurance) Regulations, 2018 is verified and correct.

Place:

Seal

Date:

Signature

Name:

Designation: Chief Financial Officer

Signature:

Name:

Designation: Chief Executive Officer