

Name of the Insurance Company :

List of existing Products classified as 'Retail Products'.

Sl No.	Name of the Product	Line of Business	UIN No. Alloted	Date of Noting by Authority.	Remarks
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Date:

Place:

Signature of Principal Officer

or Designated Officer
Name and Designation

Name of the Insurance Company :

List of existing Products classified as 'Commercial Products'.

Sl No.	Name of the Product	Line of Business	UIN No. Alloted	Date of Noting by Authority.	Remarks
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Date:

Place:

Signature of Principal Officer

or Designated Officer
Name and Designation

Name of the Insurance Company :

List of existing Products of ' Product withdrawn'.

Sl No.	Name of the Product	Line of Business	UIN No. Allotted	Date of Noting by Authority.	Date of Withdrawal	Remarks
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Date:

Place:

Signature of Principal Officer

or Designated Officer
Name and Designation