

**APPLICATION FOR ALLOTMENT OF FILING REFERENCE NUMBER FOR CBR**

This application shall be signed by Authorised Signatory of CBR and Chief Compliance Officer of the insurer.

Application for allotment of FRN for FY	(e.g. 2022-23 and 2023-24)
Application for allotment of FRN for Eligible CBR or Non-Eligible CBR	Eligible CBR or Non-Eligible CBR

<b>Particulars</b>	<b>Details</b>
<b>A. General Information</b>	
Name of the CBR (as per Certificate of Registration)	
Place of Incorporation	
Date of Incorporation	(dd/mmm/yyyy)
Address of Registered office of the CBR	
Name and address of Supervisory Authority with whom the Reinsurance Company is registered	
Certificate of Registration (COR) validity with home regulator	_____ valid up to (dd/mmm/yyyy)
As per registration certificate granted by Home Country Regulator or Supervisory Authority the CBR is Authorised to transact;	Direct Life Insurance; Direct General Insurance; Composite Direct Insurance (i.e. Life & General both) or Re-Insurance Business (Life & General) or Direct and Re-insurance Business both.
Home Country Regulator or Supervisory Authority has authorised to transact Re-insurance business from foreign jurisdiction.	Yes / No.
Place of office of the CBR applying for allotment of FRN	
Name of the Country in which the above CBR is domiciled	
Country of tax residency for the applicant CBR	
Name of ultimate parent Company of CBR (complete name to be given as per certificate of registration)	
Names of Group Companies of CBR (complete names to be given as per certificate of registration)	
<b>B. Details of the person responsible for providing requisite information of CBR</b>	
Name	
Designation	
Business phone number	
Address	

Email Id			
<b>C. Details of the department person responsible for providing confirmation on receipt of premium by CBR</b>			
Name			
Designation			
Business phone number			
Address			
Email Id			
<b>D. Financial Position of the CBR</b>			
Details of Capital:			
Amount of Paid-Up Capital:			in INR _____
Free Reserves as per last audited Balance Sheet			in INR _____
Name of Currency in which re-insurance business will be transacted			Conversion to INR _____
Net owned funds			in INR _____
<b>Solvency Ratio as per home country regulator for last 3 years</b>	<b>Regulatory prescription</b>	<b>Actual Solvency Margin of the CBR</b>	
Immediately preceding FY			
Immediately preceding FY -1			
Immediately preceding FY -2			
<b>Incurred Claims Ratio (ICR) for last 3 years</b>	<b>Last Year (e.g. year 2021)</b>	<b>Last Year (-) 1 (e.g. year 2020)</b>	<b>Last Year (-) 2 (e.g. year 2019)</b>
Details of ICR			
<b>Combined Ratio for last 3 years</b>	<b>Last Year (e.g. year 2021)</b>	<b>Last Year (-) 1 (e.g. year 2020)</b>	<b>Last Year (-) 2 (e.g. year 2019)</b>
Details of Combined Ratio			
<b>Details of previous CBR FRN as per IRDAI Portal (if any)</b>	<b>Last FY (e.g. FY 2021-22)</b>	<b>Last FY (-) 1 (e.g. FY 2020-21)</b>	<b>Last FY (-) 2 (e.g. FY 2019-20)</b>
CBR FRN No.			
<b>Details of re-insurance business placed with the CBR</b>	Amount (INR in Lakh) of re-insurance business placed		
	<b>Facultative</b>	<b>Treaty</b>	
Last Year (e.g. 2021-22) [Year (2018-19 onwards) may be given as drop down]			Lines of business which the CBR participated
Last Year (e.g. 2020-21)			

[Year (2018-19 onwards) may be given as drop down]			
Last Year (e.g. 2019-20) [Year (2018-19 onwards) may be given as drop down]			
<b>Name(s) of Indian insurer for whom CBR is participating in re-insurance business for last FY (e.g. 2021-22)</b>	<b>Names of Indian insurer</b>		
<b>Re-insurance premium receipt confirmation from the applicant CBR</b>	<b>Last FY (e.g. 2021-22)</b>	<b>Last FY (-) 1 (e.g. 2020-21)</b>	<b>Last FY (-) 2 (e.g. FY 2019-20)</b>
The applicant CBR has provided premium confirmation receipts to all Indian insurer	Yes / No	Yes / No	Yes / No
Please attach file / email duly certified by authorized signatory of the CBR			
If the reply is 'No' , Please furnish reasons for the same along with duly certified authorized signatory of the CBR.			
<b>E. Credit rating from international credit rating agencies</b>			
Name of Rating Agency			
Year of Rating			
Credit Rating			
Whether the CBR has over a period of the past three years counting from the year preceding for which the business has to be placed, enjoyed a credit rating of at least BBB (with Standard & Poor) or equivalent rating of any other international rating agency? If no, the credit ratings for past three years be submitted		(Yes/No)	
Whether the CBR complies with the solvency margin/ capital adequacy prescribed by the respective home regulator		(Yes/No)	
Whether the country of domicile has signed a Double Taxation Avoidance Agreement with the Government of India		(Yes/No)	
<b>DECLARATION CUM UNDERTAKING:</b> I / we solemnly declare that the information supplied in this application form is true and correct.			
<b>Place:</b>		<b>Signature</b>	
<b>Date:</b>	<u>Seal</u>	<b>Name:</b>	
		<b>Designation:</b>	
		[Authorised Signatory of CBR]	

Specific recommendation of the (re)insurer justifying as to why they would like to make Reinsurance placements with the referred CBR even though it does not comply with prescribed eligibility criteria. (for 'Non Eligible CBR' only	
The filing of this application is in compliance with Reg. 5 (2) (B) of the IRDAI (Re-insurance) Regulations, 2018	(Yes / No)
If No, the insurer has to submit clarification on the matter	Free text
<b>The following are the documentary Requirements in case of Application for Non-Eligible CBR</b>	
Copy of registration Certificate issued to CBR by home country regulatory / Supervisory Authority	
Signed copy of specific recommendation of the insurer, justifying as to why they would like to make Reinsurance placements with the referred CBR. Such recommendation shall necessarily be made by the Head of Reinsurance Department of the Insurer.	
<b>DECLARATION CUM UNDERTAKING BY CHIEF COMPLIANCE OFFICER OF INDIAN (RE)INSURER:</b>	
<p>a. I / We solemnly confirm that the required due diligence of the CBR has been done and the relevant documents have been scrutinized scrupulously.</p> <p>b. I/We ensure strict compliance with the eligibility criteria for CBRs, as prescribed by the Authority.</p> <p>c. I / We undertake that all information furnished above is correct in my/our knowledge and belief.</p> <p>d. I/ We understand that after submitting this application, if it is proved that the information submitted is wrong or incorrect at any point of time, I / We shall be subjected to the provisions of the extant Acts, Regulations, Guidelines and circulars notified by the Authority from time to time.</p>	
<b>Place:</b>	<b>Signature</b>
<b>Date:</b>	<b>Seal</b>
	<b>Name:</b>
	<b>Designation:</b> Chief Compliance Officer

**Certificate of Compliance**

**Name of Insurer:**

**Financial Year:**

Certified that the Insurer has placed all its reinsurance placements for the Financial year \_\_\_\_\_ to CBRs

1. Complying with all eligibility conditions as laid down in the extant regulations / Guidelines / Circular etc.
2. Holding a valid Filing Reference Number (FRN) as per norms laid down by the Authority or
3. Specifically approved by the Authority.

All placements made with Cross Border Reinsurers, have been approved by the Board of the Insurer.

<b>Place:</b>	<b>Seal</b>	<b>Signature</b>
<b>Date:</b>		<b>Name:</b>
		<b>Designation: Chief Compliance Officer</b>