

FORM GI – RE – FAC 1

STATEMENT OF FACULTATIVE RE-INSURANCE ARRANGEMENTS (GENERAL INSURANCE)

Quarter commencing and ending on.....

Name of the Insurer:

Date	Policy Number	Insured Name	Class of business	Policy Period		Total premium *	Total Sum Insured *	Arrangement of total sum insured				Facultative Reinsurer		
				From	To			Retention *	Treaty *	Co-insurance *	Facultative *	Name	Share (%)	Commission (%)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)

* Currency

Certified Correct to the best of our knowledge.

Specified Officer : Date :

Principal Officer : Date :

CFO : Date :

FORM GI – RE – FAC 2

STATEMENT OF FACULTATIVE RE-INSURANCE ARRANGEMENTS (GENERAL INSURANCE)

Details of Column 13 of Form GI – RE – FAC 1

Quarter commencing and ending on.....

Name of the insurer:

Policy Number	Name of the Reinsurer	Reinsurers Country of origin	Name of the regulatory authority which approval obtained to transact reinsurance business *	Licence validity period of the reinsurer	Credit rating	Financial strength Rating	Name of the Rating Agency	Date of Rating	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

* Documentary proof should be submitted.

Certified Correct to the best of our knowledge.

Specified Officer : Date :

Principal Officer : Date :

CFO : Date :

21/01/2013

FORM LT – RE – FAC 1

STATEMENT OF FACULTATIVE RE-INSURANCE ARRANGEMENTS (LONGTERM INSURANCE)

Quarter commencing and ending on.....

Name of the Insurer:

Date	Policy Number	Insured Name	Class of business	Policy Period		Total premium *	Total Sum Insured *	Arrangement of total sum insured			Facultative Reinsurer		
				From	To			Retention *	Treaty *	Facultative *	Name	Share (%)	Commission (%)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)

*currency

Certified Correct to the best of our knowledge.

Specified Officer : Date :

Principal Officer : Date :

CFO : Date :

FORM LT – RE – FAC 2

STATEMENT OF FACULTATIVE RE-INSURANCE ARRANGEMENTS (LONGTERM INSURANCE)

Details of Column 12 of Form LT – RE – FAC 1

Quarter commencing and ending on.....

Name of the insurer:

Policy Number	Name of the Reinsurer	Reinsurers Country of origin	Name of the regulatory authority which approval obtained to transact reinsurance business *	Licence validity period of the reinsurer	Credit rating	Financial strength Rating	Name of the Rating Agency	Date of Rating	Remarks
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)

* Documentary proof should be submitted.

Certified Correct to the best of our knowledge.

Specified Officer : Date :

Principal Officer : Date :

CFO : Date :

21/01/2013