

Annexure A

**COMPLIANCE CERTIFICATE**

I. Certified that the information pertaining to the individual and group new business premium (up to the month ended ....., Year .....) as per the Cash Book of the ..... is as under:  
(Name of Insurer)

(Rs. in lakhs)

1. Individual Premium:

- a) Single Premium
- b) Non Single Premium

2. Group Premium:

- a) Single Premium
- b) Non Single Premium

TOTAL\*

**\* Of this the premium underwritten towards health segment providing benefit under section 80 D of the Income Tax Act is Rs..... lakh.**

II. Further certified that the premium pertaining to health or critical illness riders in the case of term or group products does not exceed 100% of the premium under the basic product, and all other riders put together are subject to the ceiling of 30% of the premium of the basic product, as specified in the IRDA (Protection of Policyholders' Interests) Regulations, 2002.

III. Further certified that the above information is correct and complete to the best of my knowledge and belief, and reflects the true position.

*Signature:.....*  
(Full name and designation)

Date:

Place:

*Affix Stamp*