

## ANNEX IV

(Paragraph 8.6.2(a) of Chapter 8)

### ***Declaration Form***

1. This Annex contains a Declaration Form which is to accompany the information to be submitted to the competent authority for supervisory purposes pursuant to paragraph 8.6.1 and paragraph 8.6.2(a). An authorised undertaking is to submit the Declaration Form for Quarterly Reporting, Annual Reporting, the regular supervisory report (“RSR”) and the solvency and financial condition report (“SFCR”), as applicable, and as contained in Parts I, II, III and IV of this Annex, respectively.

#### Part I

### ***Declaration Form - Quarterly Reporting***

I, the undersigned, confirm that the:

quarterly quantitative reporting templates;

quarterly national specific templates;

for the period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ have been approved by the Board of Directors /  
Persons who effectively run the authorised undertaking (*delete as applicable*).

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

Director of the undertaking

*on behalf of the Board of Directors*

or

Persons who effectively run  
the undertaking

Date \_\_\_\_\_

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*Insurance Rules - Financial Statements and Supervisory Reporting Requirements*

Issued: 28<sup>th</sup> April 2016

Last Updated: 1<sup>st</sup> April 2017

Part II

***Declaration Form - Annual Reporting***

I, the undersigned, confirm that the:

- annual quantitative reporting templates;
- annual national specific templates;

for the period      /      /      to      /      /      have been approved by the Board of Directors:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

Director of the undertaking on behalf of the Board of Directors.

Date \_\_\_\_\_

Part III

***Declaration Form – Regular Supervisory Report***

I, the undersigned, confirm that the:

- regular supervisory report (“RSR”)

for the period \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ has been approved by the Board of Directors:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

Director of the undertaking on behalf of the Board of Directors.

Date \_\_\_\_\_

Part VI

***Declaration Form – Solvency and Financial Condition Report***

I, the undersigned, confirm that the:

- solvency and financial condition report (“SFCR”)

for the period      /      /      to      /      /      has been approved by the Board of Directors:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

Director of the undertaking on behalf of the Board of Directors.

Date \_\_\_\_\_