

Form – KMP -2

Annual Compliance Certificate for the Financial Year _____ in terms of Para No. _____
of Corporate Governance Guidelines on Reporting of Key Management Persons (KMPs)

Name of Insurance Company:

It is hereby certified that all the provisions relating to '*Guidelines on appointment and Reporting of Key Management Persons (KMPs)*' issued by Insurance Regulatory and Development Authority as part of the Corporate Governance Guidelines, are duly complied with. It is further certified that the Company has in place procedures for complying with the provisions of '*Guidelines on appointment and reporting of Reporting of Key Management Persons*'.

Date

Place

Chief Compliance Officer Name
of the Insurance Company
Company Seal