|  |
| --- |
| **NOTIFICATION FORM IF067**  **NOTIFICATION FOR FAILING TO PROVIDE OR MAINTAIN SECURITY OR ANY RISK OF NON-COMPLAINCE WITH SECURITY REQUIREMENTS** |

|  |
| --- |
| **Purpose of this document**  This notification form applies to a branch of a foreign reinsurer and needs to be completed to notify the Prudential Authority of any deteriorating circumstances that could lead to a failure to provide or maintain security or any risk of non-compliance with security requirements within the following three months as required in terms of section 42(1) of the Insurance Act, 2017 (the Act). |

|  |
| --- |
| **Important information to complete this form**  Before completing this form, read the Fact Sheet Application and Notification Forms (Fact Sheet) that is available on the website of the SARB. The Fact Sheet contains important information on consent and declarations required. Please note: this application could include a prescribed fee, in accordance with [Prudential Standard IAF](http://www.resbank.co.za/PrudentialAuthority/Insurers/Post%20Insurance%20Act/Legislation%20and%20Regulatory%20instruments/Prudential%20Standards/Documents/Prudential%20Standard%20IAF.pdf), 2019 with the process for payment found [here](http://www.resbank.co.za/PrudentialAuthority/Insurers/Post%20Insurance%20Act/Legislation%20and%20Regulatory%20instruments/Prudential%20Standards/Documents/Process%20for%20payment%20of%20fees%20prescribed%20in%20terms%20of%20the%20Insurance%20Act.pdf). |

## Company information and reason for notification

* 1. Provide the following information:

|  |  |
| --- | --- |
| **Branch number** |  |
| **Branch name** |  |
| **Date of failure to provide or maintain security or any risk of non-compliance with security requirements** | YYYY/MM/DD |
| **Effective date of notification** | YYYY/MM/DD |

* 1. Describe the reason for the notification

|  |
| --- |
|  |

## 

## Contact and Basic Information

* 1. Contact details for this notification

This must be someone who works for the company and not a professional advisor.

|  |  |
| --- | --- |
| **Title** |  |
| **First names** |  |
| **Surname** |  |
| **Position** |  |
| **Business address** |  |
| **Contact number** |  |
| **Email address** |  |

* 1. Details of professional advisors

#### Have you used third-party professional advisors to help with this form?

**No** 🡺 Continue to section 2.3

**Yes** 🡺 Complete the remainder of this section

#### Provide the name and contact details of the third-party professional advisor(s) used (i.e. the consultants, auditors, actuaries and/or lawyers used in compiling this form). This information should be included in an attachment accompanying this form, e.g.:

|  |  |
| --- | --- |
| **Name of firm** |  |
| **Title** |  |
| **First names** |  |
| **Surname** |  |
| **Position** |  |
| **Business address** |  |
| **Contact number** |  |
| **Email address** |  |

* 1. Other information

#### Is there any additional information that is not requested elsewhere in this form, that is relevant for the Prudential Authority to assess this form?

**No** 🡺 Continue to section 3

**Yes** 🡺 Complete question 2.3.2

#### Provide a summary or list of the additional information, including the reasons for providing this additional information and attach to this form.

|  |
| --- |
|  |

## Specific Information

* 1. Specific information on the failure to provide or maintain security or any risk of non-compliance with security requirements

#### Provide details explaining the extent of the failure to provide or maintain security or any risk of non-compliance with security requirements. Include the size of the eligible trust assets and the technical provisions

|  |
| --- |
|  |

#### Furnish full reasons for the failure or risk of failure to maintain security, including the cause(s) thereof.

|  |
| --- |
|  |

* 1. Proposed actions by the branch to restore security

#### What action(s) are proposed by the branch to restore security?

|  |
| --- |
|  |

#### What is the expected impact of the proposed actions in question 3.2.1?

|  |
| --- |
|  |

#### Provide the expected timeframe required to implement the proposed actions and to restore security.

|  |
| --- |
|  |

* 1. Further specific information on the failure to provide or maintain security or any risk of non-compliance with security requirements

#### Describe the current procedures the representative of the branch has in place in order to monitor that the branch meets its regulatory requirements in South Africa at all times.

|  |
| --- |
|  |

#### What improvements, if any, will be made to procedures described in question 3.3.1 in future to monitor any failure to provide or maintain security or any risk of non-compliance with security requirements?

|  |
| --- |
|  |

#### Was the potential failure to provide or maintain security or any risk of non-compliance with security requirements identified in the most recent ORSA?

**No** 🡺 Complete question 3.3.4

**Yes** 🡺 Complete question 3.3.5

#### Why was the potential failure to provide or maintain security or any risk of non-compliance with security requirements not included in the most recent ORSA?

|  |
| --- |
|  |

#### Provide details of any recent findings in the ORSA report relating to a possible failure to provide or maintain security or any risk of non-compliance with security requirements.

|  |
| --- |
|  |

## Results

* 1. Provide the following as attachments accompanying this form:

#### Attach the business plan of the branch together with the main assumptions used in drawing up the business plan and detailed explanation of the main changes from year to year of the branch. This should include projections of the security position.

## Attachment Checklist

* 1. Compulsory attachments

Complete the following table with details of the attachments provided.

| **Attachment Number** | **Question Number** | **Description** | **Number of pages/sheets** | **Attached** |
| --- | --- | --- | --- | --- |
| A1 | 4.1.1 |  |  |  |
| A2 | 6 | Consent and Declarations |  |  |

* 1. Other Attachments

Complete the following table with details of the attachments provided, also indicating the number of pages/sheets of each attachment. For example, attachments might be required if there was not sufficient space to include the information in the form itself or if your responses in this form refer to external documents. Add additional rows for each attachment included:

| **Attachment Number** | **Question Number** | **Description** | **Number of pages/sheets** | **Attached** |
| --- | --- | --- | --- | --- |
| e.g. B1 | 2.2 | Contact details of professional advisors | 8 |  |

## Consent and Declarations

To assess the application or notification, the Prudential Authority needs to ensure that the information in the application or notification is accurate and complete, and may be verified and shared with other regulatory authorities. Please see the Fact Sheet on the SARB website for the required consent and declarations that must accompany this form.