

CAPITAL RESERVE COMPLIANCE CERTIFICATE

Date: []

To: [Regulatory Authority / Board]

Entity Name: [Company/Institution Name]

Registered Address: [Full Address]

Registration Number: []

This is to certify that, as at the balance sheet date of [DD/MM/YYYY], [Company/Institution Name] has complied with the prescribed capital reserve requirements as mandated by applicable laws, regulations, and internal policies.

The details of compliance are as follows:

Required Capital Reserve: [Amount & Currency]

Maintained Capital Reserve: [Amount & Currency]

Reference: [Statute/Regulation reference]

Remarks: [Any relevant comment]

I/we hereby declare that the above information is true and correct to the best of my/our knowledge and belief.

Authorized Signatory
[Name & Designation]

Date
[DD/MM/YYYY]

Important Notes:

- This certificate is a mandatory document for regulatory filings related to capital adequacy.
- Ensure all information is accurate and supported by relevant documentation.
- Any discrepancy or false declaration may attract legal and regulatory penalties.
- The format may be customized based on specific statutory requirements.
- This certificate should be duly signed by an authorized officer of the entity.