

# 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.