

CAPITAL RESERVE COMPLIANCE CERTIFICATE

[For Official Use Only]

Date Issued: _____

Reporting Period: _____

Institution/Company Name: _____

Registered Address: _____

Regulatory Reference: _____

Capital Reserve Statement

Item	Required Amount	Actual Amount Maintained	Status
Statutory Reserve	_____	_____	_____
Capital Reserve	_____	_____	_____
Total Reserves	_____	_____	_____

Declaration:

We hereby certify that the above information regarding the capital reserves has been reviewed and verified to be accurate and compliant with the applicable regulatory requirements for the reporting period stated above.

Authorized Person 1

Name: _____

Title: _____

Signature: _____

Date: _____

Authorized Person 2

Name: _____

Title: _____

Signature: _____

Date: _____

Important Notes:

- This certificate must be completed and signed by authorized officials.
- Ensure all amounts and data align with audited financial statements.
- False declaration may result in regulatory penalties.
- Submit within the deadline specified by the relevant authority.
- Retain a copy for institutional records and future compliance requirements.