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| **NOTIFICATION FORM IF014****NOTIFICATION TO NOT CALCULATE AN ESTIMATE OF PREMIUMS TO BE EARNED FOR EACH (SUB-)LINE OF BUSINESS IN THE NEXT 12 MONTHS** |

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| **Purpose of this document**This notification form needs to be completed when not calculating the estimate of premiums to be earned for each (sub-)line of business in the next 12 months ($P\_{slb}$) for the purpose of obtaining the premium risk volume measure, as required in terms of section 44(1) of the Insurance Act, 2017 (the Act) and:* In respect of an insurer, section 5.12 of Financial Soundness Standard for Insurers Non-life Underwriting Risk Capital Requirement (FSI 4.3); and
* In respect of an insurance group, section 5.1(b) of the Financial Soundness Standard for Insurance Groups Accounting Consolidation Method (FSG 3).
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| **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. Describe the reason(s) for this notification

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## Specific Information

* 1. Specific information on the financial soundness breach

#### List all the (sub-)lines of business written by the insurer in the Excel template accompanying this form (sheet (Sub-)line list).

#### List the (sub-)lines of business written by the insurer for which an estimate of premiums to be earned in the next 12 months will not be calculated in the Excel template accompanying this form (sheet (Sub-)line list).

#### Provide explanation why an estimate of premiums to be earned in the next 12 months will be calculated for the (sub-)lines of business written by the insurer not included in question 2.1.2.

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#### Provide reasons as to why the estimate of premiums to be earned in the next 12 months mentioned in question 2.1.2 is not expected to exceed the premiums to be earned in the past 12 months.

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#### Provide the values of $P\_{last,slb}$ (gross and net of the risk mitigating effect of eligible reinsurance and other risk mitigation instruments) for the (sub-)lines of business mentioned in question 2.1.2 as at the last four valuation quarters in the Excel template accompanying this form (sheets *plastslb\_Q1, plastslb\_Q2, plastslb\_Q3, plastslb\_Q4*).

#### Describe the control mechanisms that are in place to ensure that the estimate of premiums to be earned over the next 12 months will be less than the premiums to be earned over the past 12 months for the (sub-)lines of business mentioned in question 2.1.2.

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* 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 2.2.2

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

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## 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 | 2.1.5 |   |  | [ ]  |
| A2 | 5 | Consent and Declarations |  | [ ]  |

* 1. Other Attachments

Complete the following table with details of the attachments provided, also indicating the number of pages 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 |  | 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.