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| **NOTIFICATION FORM IF016**  **NOTIFICATION TO USE AN ESTIMATE TO “DELTA OWN FUNDS”** |

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| **Purpose of this document**  This notification form needs to be completed when the calculation of “delta own funds” cannot be calculated accurately and requires an estimate of “delta own funds”, as required in terms of section 44(1) of the Insurance Act, 2017 (the Act) and:   * In respect of an insurer, section 8.9 of Financial Soundness Standard for Insurers Determination of Eligible Own Funds (FSI 2.3); and * In respect of an insurance group, section 5.1(c) of Financial Soundness Standard for Insurance Groups AC 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). |

## Reason for notification

* 1. Describe the reason for providing this notification

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## Specific Information

* 1. Information on captive insurer and related entities

#### Explain why you are unable to perform the "delta own funds” calculation.

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#### Explain why you view the methodology for estimating the “delta own funds” to be appropriate.

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#### Describe the own shares that are held.

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#### Provide a summary of the products to which these own shares relate and for each product describe the reporting line of business and the investment risk(s) for the policyholders.

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| **Summary of production** | **Line of business** | **Investment risk for policyholders** |
| E.g. Product 1 | E.g. Life 3a(iii) | E.g. Risk 1 |

* 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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## Methodology

* 1. Estimation of “delta own funds”

#### Describe in detail the methodology used for calculating an estimate of “delta own funds”.

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#### Describe in detail any implicit simplifying assumptions that were made in order to perform the estimation.

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## Results

* 1. Results

#### Provide the insurer’s statement of solvency position in the Excel template accompanying this form (sheet own funds).

## 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 | Excel template |  |  |
| A2 | 6 | 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 | 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.