**COMMENTS TEMPLATE – SECTION A**

**DRAFT INSURANCE (CAPITAL ADEQUACY) REGULATIONS 202X**

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| --- |
| **Insurer or organization:** |
| **Contact name:** |
| **Contact number / email:** |
| **Date :** |

| **No.** | **Capital Adequacy Regulations Section or Subsection** | **Comment** |
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**COMMENTS TEMPLATE - SECTION B**

**IFRS 17 Capital Adequacy Excel Workbook**

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| **Insurer or organization:** |
| **Contact name:** |
| **Contact number / email:** |
| **Date :** |

| **No.** | **Workbook Tab/ Number e.g. Tab “Instructions” or “40.011”** | **Comment** |
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