

## **CERTIFICATE OF COMPLIANCE**

**Under Section 17 of the Unclaimed Life Assurance Policies Act 2003**

**PART 1 (To be completed by insurance undertakings to which section 17 applies)**

**NAME OF INSURANCE UNDERTAKING:**

**ADDRESS OF INSURANCE UNDERTAKING:**

**NAME OF DULY AUTHORISED OFFICER:**

**DATE:**

*It is an offence under section 17 of the Act to fail to appoint a duly authorised officer, or fail to furnish a Certificate of Compliance to the Central Bank of Ireland (“the Bank”).*

## CERTIFICATE OF COMPLIANCE

I \_\_\_\_\_, being the duly authorised officer of \_\_\_\_\_, in fulfilment of my obligations under section 17 of the Unclaimed Life Assurance Policies Act, 2003 (the Act), in relation to unclaimed policies as defined in section 6 of the Act, hereby certify that \_\_\_\_\_ has complied with the following provisions of the Act, subject to the exceptions, qualifications and/or amplifications set out below:

- (i) (a) \_\_\_\_\_ has published a notice in the prescribed form in accordance with section 9 of the Act;

**OR**

- (b) The prescribed notice has been published on behalf of \_\_\_\_\_ by the Irish Insurance Federation, in accordance with section 9 of the Act;

**OR**

- (c) \_\_\_\_\_, being an insurance undertaking that does not hold any unclaimed policies, has not published a notice in the prescribed form nor has had a notice published on its behalf.

*[Complete as appropriate]*

- (ii) (a) \_\_\_\_\_, being an insurance undertaking that holds unclaimed policies to which section 10(1) of the Act applies, has transferred the moneys in these accounts to the Dormant Accounts Fund established under the Dormant Accounts Act, 2001;

**OR**

- (b) \_\_\_\_\_, being an insurance undertaking that does not hold any unclaimed policies to which section 10(1) of the Act applies, has made a written report to that effect with the National Treasury Management Agency, as required by section 10(4) of the Act.

*[Complete as appropriate]*

- (iii) \_\_\_\_\_ keeps a register of unclaimed policies, in accordance with section 12 of the Act.

- (iv) \_\_\_\_\_ has processed all claims received by it in the relevant period, in accordance with section 15 of the Act.

**EXCEPTIONS, QUALIFICATIONS AND/OR AMPLIFICATIONS**

*[If insufficient space has been provided for the information required to be given in this section of the Certificate, please provide that information on a separate sheet and refer to it in the space provided hereunder. Please ensure that any sheets are clearly marked with the name of your institution and referenced to the appropriate provision of this Certificate.]*

Please give details of any non-compliance in respect of your institution (if applicable)

Please indicate, in each of the following, if non-applicable (N/A):

- (i) \_\_\_\_\_ has failed to publish, or have published on its behalf, a notice in the prescribed form, in accordance with section 9 of the Act, for the reasons now stated:

- (ii) \_\_\_\_\_, being an insurance undertaking to which section 10(1) of the Act applies, has failed to transfer the correct amount of money in these accounts to the Dormant Accounts Fund, for the reasons now stated:

*[Please give details of incorrect sums transferred/sums not transferred to the Dormant Accounts Fund.]*

(iii) \_\_\_\_\_ has failed to keep a register of unclaimed policies in accordance with section 12 of the Act, **OR** \_\_\_\_\_ has kept a register of unclaimed policies but failed to enter into its register all of the particulars specified in subsections (2) and/or (3) of section 12 **[complete as appropriate]**, for the reasons now stated:

*[Please give details of non-compliance with any specific provision of section 12(2) or section 12(3), together with reasons for said non-compliance.]*

(iv) \_\_\_\_\_ has failed to process some/all **[complete as appropriate]** claims received by it in the relevant period, in accordance with section 15 of the Act, in the manner and for the reasons now stated:

Signed \_\_\_\_\_  
**Authorised Officer**

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_ has been duly authorised for this purpose by \_\_\_\_\_. A copy of the relevant written authorisation is available from The Secretary/Chief Executive, \_\_\_\_\_, at the address given on the cover of this Certificate.

The financial year-end of \_\_\_\_\_ is \_\_\_\_\_.

Section 17 of the Act requires that this certificate to be completed and furnished within one month after the end of the undertaking's financial year.

The certificate covers transfers, the keeping of a Register in the prescribed form, notices and claims for repayment that occurred during the financial year of the institution just completed.

## OFFENCES

*It is an offence for an insurance undertaking to fail to comply with section 9 of the Act, regarding publication of a notice in the prescribed form.*

*It is an offence for an insurance undertaking to fail to transfer relevant moneys to the Dormant Accounts Fund, as set out in section 10 of the Act. It is further an offence for any insurance undertaking to which the Act applies to fail to furnish a statement or to fail to make a report to the National Treasury Management Agency where that institution does not hold any unclaimed policies to which section 10(1) of the Act applies.*

*It is an offence under section 12 of the Act to fail to keep a register, or to fail to enter into the register the particulars specified in subsections (2) and (3) of section 12.*

*It is an offence under section 17 of the Act for an insurance undertaking to fail to appoint a duly authorised officer.*

*It is an offence under section 17 of the Act for an insurance undertaking to fail to furnish a Certificate of Compliance to the Central Bank of Ireland.*

Please return completed certificate by post to:

Insurance Supervision Department  
Central Bank of Ireland  
PO Box 11517  
Spencer Dock  
Dublin 1  
Tel: 01 224 4000  
Fax: 01 894 4631