

To

**Financial Services Authority**

Directorate of Insurance Supervision

Sumitro Djojohadikusumo Building, 14<sup>th</sup> floor

Jl. Lapangan Banteng Timur 1 - 4

Jakarta - 10710

**FINANCIAL STATEMENT**  
**LIFE INSURANCE COMPANY AND**  
**INSURANCE PRODUCTS LINKED WITH INVESTMENTS**

**As Per ... / Quarter ... Year ...**

**PT XYZ**

(Company's Address)

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**Financial Statement**

**Life Insurance Company and Insurance Products Linked with Investments**

**PT. XYZ**

**As Per .../ Quarter ... Year ...**

- 1 Company Name** :
- 2 Full Address** :
- 3 Telephone and Fax.** :
- 4 E-mail** :
- 5 Tax ID (NPWP)** :
- 6 No. & Date of License** :
- 7 a. No. of Branch/**  
**Representative** :
- b. No. of Insured Parties** :
- 8 External Auditor** :
- 9 Shareholders** :

<b>Shareholders' Names</b>	<b>Share Ownership</b>	
	<b>Rupiah</b>	<b>Percentage</b>
<b>Total</b>		

**10 Directors and Commissioners:**

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<b>Name of Director</b>	<b>Position</b>	<b>Name of Commissioner</b>	<b>Position</b>

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**11 PIC of Financial Statement :**

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<b>Name</b>	<b>Division/Department</b>	<b>Phone No. &amp; ext.</b>	<b>Email</b>

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....., .....

**PT. .... Insurance**

**Director's Name**

**Director**

**Director's Statement**  
**Regarding**  
**Responsibility for Financial Statement**  
**As Per .../ Quarter ... Year ...**  
**PT XYZ**

We, the undersigned, state that:

1. We are responsible for the preparation and presentation of PT XYZ (Company)'s Financial Statement;
2. All information contained in the Company's Financial Statement is presented completely and is in accordance with the actual conditions;
3. Company's Financial Statement does not contain information or facts that are materially inaccurate, and does not omit material information or facts.

This statement has been made truthfully.

....., .....

Director of PT XYZ

Name

Position

**Financial Statement of**  
**Life Insurance Company and Insurance Products Linked with Investments**  
**PT. XYZ**  
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