

**FINANCIAL ADVISERS ACT**  
 (Cap 110)  
**FINANCIAL ADVISERS REGULATIONS**  
 (Rg 2)  
**AUDITED STATEMENT OF INSURANCE**  
**BROKING PREMIUM ACCOUNT OF**  
**EXEMPT FINANCIAL ADVISER UNDER**  
**REGULATION 37(1)**

**FORM**  
**24**

Name of exempt financial adviser: \_\_\_\_\_

Statement as at: \_\_\_\_\_

(dd/mm/yy)

<b>INSURANCE BROKING PREMIUM ACCOUNT</b>	<b>S\$</b>
<i>PART I</i>	
BALANCE OF ACCOUNT AT BEGINNING OF FINANCIAL YEAR	
Bank Account	
Deposits	
<i>TOTAL</i>	
<i>PART II</i>	
INSURANCE BROKING PREMIUM ACCOUNT TRANSACTIONS	
<u>Moneys Received During Financial Year</u>	
Premiums	
Claims moneys	
Proceeds from deposits	
Other moneys received	
<i>TOTAL MONEYS RECEIVED</i>	
<u>Moneys Withdrawn During Financial Year</u>	
Premiums	
Claims moneys	

Brokerage	
Deposits	
Other approved withdrawals	
<i>TOTAL MONEYS WITHDRAWN</i>	
<i>PART III</i>	
BALANCE OF ACCOUNT AT END OF FINANCIAL YEAR	
Bank Account	
Deposits	
<i>TOTAL</i>	

#### STATEMENT BY EXEMPT FINANCIAL ADVISER

This statement is submitted on behalf of \_\_\_\_\_ (Name of the exempt financial adviser) by \_\_\_\_\_ (Name of Director/Chief Executive Officer/Principal Officer\*), who certifies that:

- (a) the above statement has, to the best of his knowledge and belief, been drawn up to comply with the requirements of the Financial Advisers Act (Cap. 110) and the requirements as may be prescribed or specified by the Authority, in particular, section 32 of the Act and regulation 20 of the Financial Advisers Regulations (Rg 2); and
- (b) the information contained in the above statement is to the best of his knowledge and belief true and correct.

Signature : \_\_\_\_\_

Name of Director/

Chief Executive Officer/

Principal Officer\* : \_\_\_\_\_

Dated (dd/mm/yy) : \_\_\_\_\_

#### *Notes to Form 24*

#### *With respect to Section VII Part II*

*Note 1* Breakdown for the following items:

- (i) Other moneys received; and
- (ii) Other approved withdrawals.

With respect to Section VII Part III

Note 2 Details on name of bank(s) and account number(s) and amount for the following items:

- (i) Bank Account
- (ii) Deposits

*Instructions for completion of Form 24*

- (1) Where there is an asterisk (\*), please delete whichever is inapplicable.
- (2) All amounts shown in this part are to be rounded up to the nearest dollar. Negative amounts shall be preceded by “-”.
- (3) “Deposits” refers to deposits placed with any bank licensed under the Banking Act (Cap. 19).
- (4) “Proceeds from deposits” refers to the principal sum and interest received from the maturity or withdrawal of deposits.
- (5) “Other approved withdrawals” refers to other moneys which have been approved for withdrawal by the Authority.

AUDITORS’ CERTIFICATION OF FORM 24 FOR FINANCIAL YEAR \_\_\_\_\_ to \_\_\_\_\_  
(dd/mm/yy) (dd/mm/yy)

1. We have examined the insurance broking premium account for the financial year.
2. In our opinion and to the best of our knowledge based on the information available and according to the explanations given to us, the insurance broking premium account (Form 24) lodged by \_\_\_\_\_ (**Name of the exempt financial adviser**) to the Monetary Authority of Singapore, in the manner specified in regulation 4 of the Financial Advisers Regulations (Rg 2) (the Regulations) has been prepared in accordance with the provisions of the Financial Advisers Act (Cap. 110) (the Act) and any regulations made thereunder.
3. As far as can be ascertained from our examination, in our opinion, the insurance broking premium account has been established and maintained in accordance with section 32 of the Act and regulation 20 of the Regulations; except:

\_\_\_\_\_.

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Firm)

Public Accountants and Chartered Accountants  
Singapore

\_\_\_\_\_ (Date)

*Instructions for completion of Auditors’ Certification*

- (1) Where there is an asterisk (\*), please delete whichever is inapplicable.
- (2) If any part of this report is qualified, attach a separate detailed report.