

MAS 109

APPENDIX 1

OUTSTANDING S\$ CREDIT FACILITY (To be submitted online)

AS AT END OF (month)

Name of Insurer _____ Insurer Code _____

Officer-in-charge _____ (Tel) _____

S\$ CREDIT FACILITIES

Non-Resident Financial Institution	Outstanding Amount (S\$m)
In Singapore	
Outside Singapore	
Total	