**SAMPLE ANNUAL REVIEW REPORT**

Perbadanan Insurans Deposit Malaysia

[Address]

Date

Dear Sirs,

**REVIEW ON THE COMPLIANCE OF [NAME OF DEPOSIT-TAKING MEMBER] WITH GUIDELINES ON PROVISION OF INFORMATION ON DEPOSIT INSURANCE**

1. We have conducted the review on the compliance of [name of deposit-taking member] and the appointed agents of the deposit-taking member\* with the requirements in the Guidelines on Provision of Information on Deposit Insurance.
2. We attached herewith, in Appendix 1, the review report covering a 12-month period from 1 January to 31 December 2022.[[1]](#footnote-1)

|  |
| --- |
| *..............................................................................................................................................**(Name of Head of Internal Audit or any person of equivalent position / External Auditor)* *Date:*  |

*\* Strike out whichever is not applicable*

**APPENDIX 1**

**[NAME OF DEPOSIT-TAKING MEMBER (“DTM”)]**

**SAMPLE ANNUAL REVIEW REPORT**

**Table 1: Overview of the review undertaken**

|  |
| --- |
| *[Free flow text, e.g.* 1. *brief description of the manner in which the review was conducted (refer to paragraphs 13.2 and 13.4); and*
2. *the overall results of the review (e.g. no incident of non-compliance to report or incidents of non-compliance and deficiencies are reported in Table 2)*
 |

**Table 2: Incidents of non-compliances and deficiencies identified[[2]](#footnote-2)**

|  | **Policy areas in the Guidelines on Provision of Information on Deposit Insurance**  | **Summary of incidents of non-compliance****and deficiencies identified** | **Financial and non-financial impact****on the DTM arising from these incidents** | **Corrective actions to rectify these incidents** | **Completed *(Yes / No)*** | **Adequacy and effectiveness of corrective actions** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| … | Insert additional row, if necessary |  |  |  | [If No, please also complete Appendix 2] |  |

**APPENDIX 2**

**[NAME OF DEPOSIT-TAKING MEMBER]**

**SAMPLE ACTION PLAN REPORT**

**Table 1: Action plans for incidents that have yet to be rectified by the submission date of the Annual Review Report**

|  | **Summary of incidents of non-compliance****and deficiencies identified** | **Corrective actions to rectify these incidents**  | **Timeline to complete action plans** |
| --- | --- | --- | --- |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| … | Insert additional row, if necessary |  |  |

|  |
| --- |
| *..................................................................................................................**(Name of Chief Executive Officer or any person of equivalent position)**(Name of deposit-taking member)**Date:*  |

1. At minimum, cover a 12-month period from 1 January to 31 December 2022. A deposit-taking member may include incidents of non-compliance identified after 31 December 2022. [↑](#footnote-ref-1)
2. *For incidents of non-compliances and deficiencies reported in the Annual Review Report that was submitted to PIDM in 2022 (“Annual Review Report 2022”):*

*for incidents that have yet to be rectified by the submission date of the Annual Review Report 2022: include the incidents in the table, and state the progress of the corrective actions and assessment of the adequacy and effectiveness of corrective actions; and*

*for incidents identified after 31 December 2021 and have been rectified by the submission date of the Annual Review Report 2022: include the incidents in the table; OR make reference to the Annual Review Report 2022 (e.g. please refer to page xx of the Annual Review Report 2022).* [↑](#footnote-ref-2)