Annexure 2

Feedback Format

A. Stakeholder Information	
Name of the Organization / Individual	
Type of Stakeholder (Insurer / Reinsurer / FRB/ Industry Body / Auditor/ Public / Others – please specify)	

B. Suggestions on Exposure draft on Insurance Regulatory and Development Authority of India (Registration, Capital Structure, Transfer of Shares and Amalgamation of Insurers) (First Amendment) Regulations, 2026				
Page No	**Regulation Number**	**Sub-Regulation Number / Para Number**	**Suggested change**	**Reasons for change**