

Attachment 2A Register of Insurance Company Promoters: Natural Persons
(Company name:)

Name	National ID number	Date of birth:	Place of birth	Phone	Highest level of education completed	Principal job experience	No. of subscribed shares	Subscribed shares (%)

Notes:

1. This form is for promoters who are natural persons.
2. Please furnish a photocopy of the person's national identification card.