

**Attachment 5A-1 Register of Insurance Company Directors: Natural Persons**  
**(Company name: )**

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

Notes:

1. This form is for directors who are natural persons.
2. Please furnish a photocopy of the person's national identification card, passport, or another identification document and synopses of the person's educational qualifications and employment history.