

Attachment 5A-2 Register of Insurance Company Supervisors: Natural Persons
(Company name: _____)

Supervisor	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 supervisors 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.