

Attachment 3A Undertaking (by natural person)

I, the undersigned, a promoter / director / supervisor / managerial officer of _____ Insurance Company, Ltd., hereby declare under penalty of law that none of the disqualifying conditions listed under Article 3 of the "Regulations Governing Qualification Requirement and Concurrent Serving Restrictions and Matters for Compliance by the Responsible Persons of Insurance Enterprises" applies to me.

To:
Financial Supervisory Commission (FSC)

Signed:	(Signature/Chop)
Date of birth:	
National ID number:	
Date:	