

Attachment 3B Undertaking (by juristic 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 the authorized representative of this company, or to any natural person appointed to exercise on its behalf the duties of its position.

To:
Financial Supervisory Commission (FSC)

Signed: _____ (Signature/Chop)
Government uniform invoice number:
Responsible person:
Designated representative performing duties
on its behalf:
Representative:
National ID number:
Date: