

ANNEX "E"

**Contact Details of the Compliance Officers/Company Representatives
Company: (Name of HMO)**

A. Accounting Unit/Division/Department

- 1. Full name (i.e., First Name, Middle Initial, Last Name) _____
- 2. Designation _____
- 3. Official Telephone Number _____
- 4. Official Fax Number _____
- 5. Official E-mail Address _____

B. Actuarial Unit/Division/Department

- 1. Full name (i.e., First Name, Middle Initial, Last Name) _____
- 2. Designation _____
- 3. Official Telephone Number _____
- 4. Official Fax Number _____
- 5. Official E-mail Address _____

C. Anti-Money Laundering Unit/Division/Department

- 1. Full name (i.e., First Name, Middle Initial, Last Name) _____
- 2. Designation _____
- 3. Official Telephone Number _____
- 4. Official Fax Number _____
- 5. Official E-mail Address _____

D. Corporate Governance

- 1. Full name (i.e., First Name, Middle Initial, Last Name) _____
- 2. Designation _____
- 3. Official Telephone Number _____
- 4. Official Fax Number _____
- 5. Official E-mail Address _____