**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