Contact Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Particulars** | **Name of PN**  **Company’s Employee** | **Contact Details** | | |
| **Mobile/Tel. No.** | **Alternate Mobile/Tel. No.** | **Email Address** |
| 1. | Annual Statement Preparer |  |  |  |  |
| 2. | Accountant |  |  |  |  |
| 3. | Actuary |  |  |  |  |
| 4. | Compliance Officer |  |  |  |  |
| 5. | AML Officer |  |  |  |  |
| 6. | Others (if necessary) |  |  |  |  |

**Note:**

Company can submit 2 or 3 names.