**ANNEX “F”**

**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 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 E-mail Address

# C. Compliance Officer

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

# D. 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 E-mail Address

 *Note: Company may submit 1-2 names per Unit*