Attachment

Non-Life Insurance Company Compulsory Automobile Liability Insurance Application Form

Recipient: Financial Supervisory Commission

Subject: Three copies of the following documents are provided for the application of compulsory automobile liability insurance in accordance with Article 8, Paragraph 2 of the Compulsory Automobile Liability Insurance Act and Article 3 of the Regulations Governing the Operation by Insurance Enterprises of Compulsory Automobile Liability Insurance. Please verify.

<table>
<tr><td colspan="2">Company name</td><td>Paid-in capital</td><td></td></tr>
<tr><td colspan="2">Company location</td><td>Competent authority establishment authorization date and document number</td><td></td></tr>
<tr><td colspan="2">Branch company location</td><td>Application date</td><td></td></tr>
<tr><td>Attachment</td><td colspan="3">1. Photocopy of company business license
2. Business plan for the insurance policy
3. Financial statements.
4. Statement for the protection of legal rights of traffic accident victims issued in accordance with regulations of the Motor Vehicle Accident Compensation Fund.
(The format is provided in the Attachment)</td></tr>
<tr><td colspan="4">Applicant:
Representative:
Contact person:
Address:
Telephone:</td></tr>
</table>

Statement

We hereby state that the Company agrees to follow the regulations in the mandate contract of the Motor Vehicle Accident Compensation Fund for processing matters related to the Compulsory Automobile Liability Insurance Act to protect the legal rights of traffic accident victims. In case of a violation, the Company shall accept the punishment imposed by the Financial Supervisory Commission.

Applicant:

Representative:

Contact person:

Address:

Telephone: