SOCIAL REPUBLIC OF VIETNAM Independence - Freedom - Happiness

CURRICULUM VITAE

1)	Full	name	(CAPTITAL	LETTERS):	Sex:
•••••	•••••	• • • • • • • • • • • • • • • •			
2) O	ther nam	ne:			
3) D	ate of bi	rth:	month y	ear	
4) Io	lentifica	tion/Passp	ort number:	; Issued	date:; Place of Issue:
	•••				
5) Pl	ace of b	irth:			
6) H	ometow	n:			
7) R	egistered	l permane	nt residence:		
8) C	urrent re	sidence: .			
9) C	ontact ac	ldress:			
10) H	Home ph	one:		Mobile phone:.	
Fax:				Email:	
11) ľ	Nation: .		12) R	eligion:	
13) (Current j	ob:			
			ND QUALIFIC		

School	Major	Duration	Full time/part time	Diploma, Qualifications, certificates

Note: Professional training, Diploma: Doctorate, Masters, Bachelor

15) PROFESSIONAL **EXPERIENCE** (details of formal jobs and positions).

Fromto	Position, company (Party, government, Union)

Fromto	Position, company (Party, government, Union)

16) Family relations: Father, mother, wife (husband), children, siblings

Relationship	Full name	Date of	Identification	Hometown, occupation , position,
Relationship	T un nume	birth		company, study, residence
				Home town:
				Job:
				Company:
				Position:
				Home address:
				Home town:
				Job:
				Company:
				Position:
				Home address:
				Home town:
				Job:
				Company:
				Position:
				Home address:
				Home town:
				Job:
				Company:
				Position:
				Home address:

17) Publicity of related benefits: Attached Appendix

18) Commitment before the law:

- I pledge to not violate the laws and regulations of the current organization and operation of the Corporation.

- I pledge that the above statements are true. I take full responsibility for any information that is not true to this statement.

- I pledge to notify the Corporation of any changes related to the content of the above declaration that arises during the incumbent period.

Hanoi, April...., 2024

Confirmation of the competent authority ^(*)

The declarant

(Sign, write full name)

(*)Confirmation of heads of agencies or People's Committees of communes and wards where individuals register permanent residence.

APPENDIX OTHER RELATED BENEFITS

1. List of companies that I own the contributed capital or shares and am a member of the Board of Directors, Member of the Board of management, Board of Supervisor, General Director:

No	Company	Address	Business	Number, date of issue, place of issuance of business registration certificate / establishment license	Position	Number of shares / contributed capital	Ratio / capital	Started date
1								
2								

2. List of companies which affiliated persons jointly own or own shares or contributed capital of over 10% of charter capital:

No	Name, relationship	Company	Address	Business	Number, date of issue, place of issuance of business registration certificate / establishment license	Position	Number of shares / contributed capital	Ratio / capital	Started date
1									
2									

I declare that the above information is completely complete, accurate and truthful. If I am wrong, I will take all responsibility before the General Meeting of Shareholders and before the law.

Hanoi,...., 2024 **The declarant** (Sign, write full name)