**THE SOCIALIST REPUBLIC OF VIETNAM**

Photo 4x6

 Independence – Freedom – Happiness

 CURRICULUM vitae OF NOMINEES FOR

BOARD MEMBER OF

DHG PHARMACEUTICAL JSC

1. **Personal Information:**
* Full name:
* Gender:
* Date of birth:
* Place of birth:
* Nationality: Ethnic group:
* ID Card/Citizen Indentification/Passport: Issue date:
* Permanent Address:
* Mobile:
1. **Professional qualification:**

|  |  |  |
| --- | --- | --- |
| **Time** | **School/Training center** | **Degree** |
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1. **Professional/ working experience:**

| **Time**  | **Position** | **Name of organization** |
| --- | --- | --- |
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1. **Current position:**
2. **Other positions held in other organizations:**

|  |  |  |
| --- | --- | --- |
| **Organization/ Company** | **Please confirm the type of organization/company(Please refer to the note below)** | **Title** |
|  | **Type 1** | **Type 2** | **Type 3** | **Type 4** | **Type 5** | **Type 6** | **Type 7** | **Type 8** | **Others** |
|  |   |  |  |   |   |   |  |   |   |  |
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*Note: Below are the types of organizations/companies, please see and identify them by number.*

* *Type 1: Associates;*
* *Type 2: A company where DHG Pharma and that company have at least 25% of the owner's equity helddirectly or indirectly by a third party;*
* *Type 3: A company where DHG Pharma is the biggest shareholder and holds directly or indirectly at least 10% of the total number of shares of such company;*
* *Type 4: A company is the biggest shareholder and holds directly or indirectly at least 10% of the total shares of DHG Pharma;*
* *Type 5: A company that DHG Pharma appoints a member of the BOM or Management to manage or hold control, provided that the number of members appointed by DHG Pharma accounts for more than 50% of the total number of members of the BOM or Management or holds control; or a member appointed by DHG Pharma has authority to decide the financial policies or business activities of such Company;*
* *Type 6: A company where DHG Pharma and that company have more than 50% of the members of the BOD or the BOM have a member of the BOD or the BOM has the right to decide on financial policies or business activities as appointed by a third party;*
* *Type 7: A company where DHG Pharma and that company are jointly controlled by an individual through a capital contribution of this individual or directly participating in the BOM or the Management;*
* *Type 8: A Company that DHG Pharma guarantees or lends to that company in any form (including third party loans secured from associated party's financial resources and financial transactions of a similar nature) provided that the loan is at least equal to 25% of the equity of the borrower of the company and accounts for more than 50% of the total value of medium and long-term liabilities of the borrower company.*
* *Others – an organization that is not one of the above mentioned types (from 1 to 8), DHG Pharma needs to consider accepting a concurrent position in that unit because it may lead to conflict of interest issues for the Company or On the contrary, it is an opportunity to develop business activities for the Company.*
1. **Interests to the Company:**
* Number of shares held in DHG Pharma:
* Commitments held:
* Related parties holding shares of DHG Pharma:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Name of individual** | **Relationship**  | **ID Card//citizen identification/****passport** | **Issued date** | **Issued place** | **Number of DHG PHARMA’s shares owned** |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |

* Debts related to the Company:
* Interests related to the Company:
* Conflict of interests related to the Company:

I hereby certify all statements in this application are true and complete. I commit to performing my duties honestly, faithfully, cautiously and for the best interests of the Company if I am elected to be a Board Member of the Company.

…………………., ………….. ………….…….. 2024

 **APPLICANT**

 (*Sign, full name)*