This form should be filled by the real beneficiary (individual) of the ownership of the authorized person.

1. PERSONAL INFORMATION:

1.1 Full Name (English) as shown in the Passport:

|  |  |  |  |
| --- | --- | --- | --- |
| First Name | Middle Name | Grandfather Name | Surname |
|  |  |  |  |

1.2 Full Name (Arabic)

|  |  |  |  |
| --- | --- | --- | --- |
| اسم العائلة | اسم الجد | اسم الأب | الاسم الأول |
|  |  |  |  |

1.3 Gender:

Male  Female

Date of birth:1.4

|  |  |  |
| --- | --- | --- |
| Day | Month | Year |
|  |  |  |

Place of birth:1.5

|  |
| --- |
|  |

Nationality 1.6

|  |
| --- |
|  |

Another Nationality 1.7

|  |
| --- |
|  |

National Identification Number1.8

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

Expiry Date1.9

|  |  |  |
| --- | --- | --- |
| Day | Month | Year |
|  |  |  |

Passport Number:1.10

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |

Passport Expiry Date 1.11

|  |  |  |
| --- | --- | --- |
| Day | Month | Year |
|  |  |  |

1. Contact Information:

2.1 Permanent Residential Address

|  |  |
| --- | --- |
| Address (1) |  |
| Address (2) |  |
| Country |  |
| City |  |
| State/ Region |  |
| Zip Code |  |
| Phone Number |  |
| Cell Phone Number |  |
| Fax Number |  |
| Email address |  |

1. Qualifications

3.1 Please fill in the following table according to the qualifications of the real beneficiary

|  |  |  |  |
| --- | --- | --- | --- |
| Qualification | Name of institution | Country | Year Awarded |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Work Experience

4.1 Information about Current Employer

|  |  |
| --- | --- |
| Employer Name |  |
| Employer Address |  |
| Employer Phone Number |  |
| Job Tittle |  |
| Start Date |  |
| Employer Website |  |

4.2 Career Record for the Real Beneficiary

|  |  |  |
| --- | --- | --- |
| 3 | 2 | 1 |
|  |  |  | Employer Name |
|  |  |  | Type of Business |
|  |  |  | Job Title, including Roles & Responsibilities |
| From  (year/month)  To  (Month/Year) | From  (Month/Year)  To  (Month/Year) | From  (Month/Year)  To  (Month/Year) | Period of service |
|  |  |  | Reason for Leaving |

4.3 Is the real beneficiary, employed by a company owned by the Government of the Kingdom of Saudi Arabia or a company controlled by the Government of any other country?

Yes  No

If yes, please provide details:

|  |
| --- |
|  |

4.4 Does the real beneficiary occupy a position in the Government or play prominent role locally or in a foreign country ?

Yes  No

If yes, please provide details:

|  |
| --- |
|  |

4.5 Does the real beneficiary work for undisclosed person (s)?

Yes  No

If yes, please provide details:

|  |
| --- |
|  |

1. Financial situation and memberships Board of Directors:

5.1 Approximate total annual income of the beneficiary (SAR)?

50,000 - 500,000

5,000,000 – 500,001

10,000,000 – 5,000,001

More than 10,000,000

5.2 Approximate net wealth of the beneficiary (SAR)?

50,000 - 500,000

5,000,000 – 500,001

10,000,000 – 5,000,001

More than 10,000,000

5.3 Sources of wealth of the beneficiary

|  |
| --- |
|  |

5.4 Sources of funding for the purchase of the authorized person shares (directly or indirectly)

|  |
| --- |
|  |

5.5 Does the real beneficiary have any direct/indirect ownership in the authorized persons?

Yes  No

If yes, please provide details:

|  |  |  |  |
| --- | --- | --- | --- |
| Authorized Person | Share Value | Percentage | Direct or Indirect ownership |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

5.6 Is the real beneficiary a board member of any company inside or outside the Kingdom?

Yes  No

If yes, please provide details:

|  |
| --- |
|  |

1. Disciplinary and Investigations Record:

6.1 Has the real beneficiary ever been a party to any civil litigation in the past ten years involving damages in amount in excess of SR 200,000 or equivalent?

Yes  No

6.2 Is the real beneficiary currently a party to any civil litigation?

Yes  No

6.3 Are there any judgments or court orders that he/she is currently subject to, or with which the real beneficiary has not complied?

Yes  No

6.4 Has the real beneficiary ever been a party to a scheme of arrangement; or entered into any form of compromise with his/her creditors in the past ten years involving an amount in excess of SR 200,000 or equivalent?

Yes  No

6.5 Has the real beneficiary ever been bankrupt, or served with a bankruptcy petition?

Yes  No

6.6 Has the real beneficiary ever been a partner of a firm which was dissolved without the consent of all the partners?

Yes  No

6.7 Has the real business of the beneficiary ever been managed by someone else with either with his/her consent or not?

Yes  No

Provide details if the answer is yes to any of the questions from 6.1 to 6.7:

|  |
| --- |
|  |

6.8 Has the real beneficiary, or a company or firm of which the beneficiary is or was a partner, substantial shareholder, CEO or administrative officer ever been:

6.8.1 Refused or restricted from the right to carry on any trade, business or profession for which a specific license, registration or other authorisation is required by rules and regulations in the Kingdom or any other foreign country?

Yes  No

6.8.2 Censured, disciplined or disqualified by any professional or regulatory body (including a stock or futures exchange) in relation to any trade, business or profession?

Yes  No

6.8.3 The subject of an investigation relating to him/her (or his/her company’s or firm’s) business activities conducted by a regulatory or criminal investigatory body (i.e. police, securities regulator, stock or futures exchange, or other regulatory body)?

Yes  No

6.8.4 Judged by a court to be civilly liable for fraud, dishonesty or malfeasance?

Yes  No

6.8.5 The subject of any disciplinary actions or proceedings that are currently pending?

Yes  No

6.9 In the past ten years, has the Capital Markets Authority (CMA) or any other governmental authority in the Kingdom of Saudi Arabia or elsewhere ever:

6.9.1 Found that the directly or indirect real beneficiary has made a false statement or omission?

Yes  No

If yes, please provide details:

|  |
| --- |
|  |

6.9.2 Found the direct or indirect real beneficiary has been involved in a violation of its rules or regulations?

Yes  No

If yes, please provide details:

|  |
| --- |
|  |

6.9.3 Found the direct or indirect real beneficiary has been a cause of an investment-related business having its authorisation to do securities business refused, suspended, revoked, or restricted?

Yes  No

If yes, please provide details:

|  |
| --- |
|  |

6.9.4 Entered a judgment or order against the direct / indirect real beneficiary in connection with securities business or any related activity?

Yes  No

If yes, please provide details:

|  |
| --- |
|  |

6.9.5 Imposed a civil money penalty on the real beneficiary?

Yes  No

If yes, please provide details:

|  |
| --- |
|  |

6.9.6 Entered a judgment or ordered the real beneficiary to cease and desist from any activity?

Yes  No

If yes, please provide details:

|  |
| --- |
|  |

6.10 Currently, is the real beneficiary subject of any civil or criminal proceeding that could result in a “yes” answer to any part of Items 6.9?

Yes  No

If yes, please provide details:

|  |
| --- |
|  |

1. Declaration of the Real beneficiary:

I hereby certify and represent that the information in this Application (including all Supporting Documents) is complete, true and correct.

I confirm that I have reviewed the Capital Market Law , its Implementing Regulations and AML/CTF regulation, and am aware of the offences contained therein relating to the making of incorrect or false statements.

I undertake that if any information in this Application changes before this Application is approved, I shall notify the Authority in writing immediately – without any delay - of the changes.

I consent to the authority using or disclosing any information I have provided in this Application, or may provide in the future, for the purpose of carrying out its responsibilities

**Real Beneficiary Name**

**Date      /     /**

**Beneficiary Signature**

**Compliance Manager/ Officer Name Signature and Official Seal**

**Date      /     /**