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      /     /**