

Account Opening Form – Individuals

The Account Opening Form is an integral part of the account opening requirements and, is always read and interpreted in conjunction with the forms approved by Noor Al Mal for Financial Brokerage and Foreign Stock Exchange Company LLC, referred to as "Noor Al Mal", with including terms and conditions of dealing, "and" terms of special dealing, and any other approved forms

Date: _____ Account No : _____

Account Type: Personal Other -----

| | | |
|--|---|-----------------|
| Full Name: | | |
| In English Language: | | |
| Place of Birth: | Date of Birth: | |
| Nationality: | | |
| Other Nationality: | Mobile No: | |
| Email: | | |
| Document Type: | | |
| Document No.: | National No. | |
| Place of Issue: | Date of Issue: | Date of Expiry: |
| Permanent place of residence: | | |
| Educational Attainment: | Work Phone: | |
| Employer Name | | |
| Address of current employment: | | |
| Main sources of income: | 1 | 2 |
| Annual income rate: | 3 | |
| Expected portfolio amount: | <input type="checkbox"/> less than 5000 <input type="checkbox"/> from 5000 to 10000 <input type="checkbox"/> from 10000 to 20000 <input type="checkbox"/> more than 20000 | |
| Bank Name: | Account No: | |
| IBAN No.: | | |
| What is the purpose of the investment? | | |
| Level of Investment Experience: | | |
| Expected Investment Period: | Risk Tolerance: | |
| why you choose Noor Al Mal Co.: | | |
| Are you currently holding or previously held a senior public office in any country (political, military, judicial)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If the answer is yes, please provide details: | | |
| Did you previously have or do you have now a relationship or kinship with anyone holding public office? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If the answer is yes, please provide details: | | |
| Are you a board member/shareholder with 10 % or more, or a founding partner of any public shareholding company? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If the answer is yes, please provide details: | | |

I, the undersigned, hereby declare that all funds I will transfer to my account(s) charged with "Noor Al Mal" are from legitimate and legal sources, and are not derived from any criminal activity at the local and/or international levels and have no direct or indirect relationship with any domestic or international operations related to attempts or offenses of money laundering or financing terrorism, and I undertake to assume alone all responsibilities, indemnities and damages against "Noor Al Mal" and/or any of its customers in the event that this declaration is found to be untrue.

Customer Signature:

Employee Signature:

Date:

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|---|
| <p>Declaration and Undertaking</p> <p>I, the undersigned, hereby declare that all information mentioned in the “Account Opening Form”, the agreements and related annexes are true and identical, and I assume the responsibility for any misinformation or inconsistency in the said information. I also assume the responsibility to notify you in writing of any change occurring to any of the information mentioned in the form immediately upon occurrence and without delay.</p> <p>Authorization</p> <p>I, , hereby grant Noor Al Mal, an absolute, unconditional and irrevocable authorization to contact the bank/banks mentioned above, for the purpose of obtaining any query or any other information required related to me at any time, form and manner you find appropriate and without any objection from me for that.</p> <p>Check Authorization</p> <p>I, the undersigned, hereby declare that I have read the instructions of a Central Risk System for Securities Dealers issued by the Securities Commission and I grant Messrs. Noor Al Mal an absolute and irrevocable authorization to inquire and check the central risks information about me with all brokers through the Central Risk System approved by The Securities Commission at any time and for more than one time and according to what Noor Al Mal considers appropriate and necessary; noting that I have the right to see all the information inquired about me at any time.</p> |
|---|

| Form of Foreign Account Tax Compliance Act (FATCA) | |
|---|--|
| Do you have US citizenship? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you hold US passport? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have a permanent card “Green Card” in the USA? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you born in the USA? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you a US taxpayer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have an address / phone / P.O. Box in the USA? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have a power of attorney or authorization for any US person to whom any US citizenship indicators apply in connection with your account with us? If yes, please provide: Name: , Telephone number : | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you a shareholder of 10 % or more in any of joint stock companies that deal with Noor Al Mal? If yes, please provide: Name : , account number : | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have permanent instructions to receive and send any funds/transfers from your accounts to an account in the USA? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you stayed more than 183 days in the USA over the past three years? If yes, Visa Type: Number of days of stay: Current year: , Previous year: , Penultimate year of the prior: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

I, the undersigned, confirm the validity of the information provided above.

The Customer to whom the Foreign Account Tax Compliance Act (FATCA) does not apply

Customer name as in US documents:

Address in the USA:

Tax Identification Number (TIN):

| | |
|-----|-----|
| (1) | (2) |
|-----|-----|

The names of the natural persons authorized to deal on the account (agent, guardian)

| | |
|---|---|
| Authorized name: | Nationality: |
| National No.: | Certified copy of the Justice authorized: |
| Date of Birth: | Place of Birth: |
| Document Type And Number : | Place of Issue: |
| Date of Issue: | Date of Expiry: |
| Mobile No: | Work Phone: |
| Permanent place of residence For Authorized : | |
| Agent Email: | |
| Employer Name For Authorized: | Address of current employment: |

The commissioner's signature on the account:

Date