

### 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 Capital Markets for International Markets and Financial Brokerage (W.L.L)**, referred to as "NCM", with including terms and conditions of dealing, "and" terms of special dealing, and any other approved forms

Date:..... Account No: .....

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	3
Annual income rate:	Less than 5000 - from 5000 to 10000 -from 10000 to 20000 -more than 20000		
Expected portfolio amount:	Less than 20000 - from 20000 to 50000 - from 50000 to 100000 - more than 100000		
Bank Name:		Account No:	
IBAN No.:		SWIFT No.	
What is the purpose of the investment?			
Level of Investment Experience:			
Expected Investment Period		Risk Tolerance:	
Why you choose NCM 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 yes, please provide details:.....			
Are you the real beneficiary of the account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I Hereby, will notify NCM in writing immediately if any change occurs			
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 providing details:.....			
Are you a board member/shareholder with 10 % or more, or a founding partner at 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 "NCM" 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 "NCM" and/or any of its customers in the event that this declaration is found to be untrue

Customer Signature: .....

Employee Signature:.....

Date:.....

<p><b>Declaration and Undertaking</b></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><b>Check Authorization</b></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. NCM 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 NCM considers appropriate and necessary; noting that I have the right to see all the information inquired about me at any time</p>
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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 with 10 % or more in any of joint stock companies that deal with NCM? 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.

Client Name .....	Date .....	Sign.....
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**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): .....

I, the undersigned, acknowledge that the purpose of **signing this card** is to enable the company to use it to authenticate my signature in everything related to the operations of the trading account

(1)	(2)
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Employee Name :	
Date :	

**The names of natural person 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 .....