

Curriculum Vitae form of a board member nominated/appointed/representative of a legal person for the membership of the board of a listed joint-stock company in the Saudi Stock Exchange (Tadawul)

Form Filling Instructions

1. This Form shall be completed by the board member nominated/appointed/representative of a legal person (the Member) for a membership of a board of directors of a joint stock company that is listed in the Saudi Stock Exchange "Tadawul" (the Company).
2. The Member must send this Form to the Company.
3. The Company shall send and attach this Form along with the electronic Form (3) to the Capital Market Authority ("CMA") through the electronic connection system immediately after it obtains the approval of the competent authority or at least (3) business days prior to holding the general assembly, provided that the company shall provide the CMA with the approval of the competent authority, once received.

| 1. The Company Information | | | | |
|---|--|--|---|-------------------------|
| Name of the Company | | | | |
| Sector of the Company | | | | |
| 2. Membership Status and Nature | | | | |
| Membership Status (Mark with ✓) | <input type="checkbox"/> Executive Member | <input type="checkbox"/> Non-Executive Member | <input type="checkbox"/> Independent Member | |
| Membership Nature (Mark with ✓) | <input type="checkbox"/> Personal capacity | <input type="checkbox"/> Representative of a Legal Person Name of the Legal Person that is represented by the Member: | | |
| Appointment Date: | Appointment Date: | End date of the board term | | |
| | / / | / / | | |
| 3. Personal Information of the Member | | | | |
| Full name: | | | | |
| Nationality: | | Date of Birth: | Mail Address: | |
| Place of Employment: | Job Title: | Office Telephone: | | |
| | | Mobile: | | |
| | | Fax: | | |
| Identification Number: | | | | |
| Number of shares that the Member owns in the Company: | | | | |
| Number of shares owned by the Legal Person that the Member is representing: | | | | |
| 4. Qualifications of the Member | | | | |
| # | Degree | Major | Date of the Degree | Name of Awarding Entity |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 5. Work Experience of the Member | | | | |
| Term | Areas of Experience | | | |
| | | | | |
| | | | | |
| | | | | |

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| 6. Current membership in the boards and committees of other joint stock companies (listed or closed) or any other company, regardless of its legal form | | | | | | |
|---|--|---------------|---|---|-----------------------|--|
| # | Name of the company | Main activity | Membership status (Executive, Non-Executive, Independent) | Membership nature (Personal capacity, a Representative of a Legal person) | Committees Membership | Legal Form of the Company |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 7. Please kindly answer the following questions: | | | | | | |
| a. Is the Member an owner of 5% or more of the shares of the company or any other company within its group? If Yes, please provide the following details: | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| # | Name of the company | | | Ownership Percentage | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| b. Is the Member a representative of a Legal Person that owns five percent (5%) or more of the shares of the company or any other company within its group? If Yes, please provide the following details: | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
| # | Name of the company | | | Ownership Percentage | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| c. Was the Member a senior executive of the company or any other company within its group during the past two years? If Yes, please provide the following details: | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| # | Name of the company | | | Executive Position | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| d. Does the Member have a first-degree relationship to any other member of the board of directors of the company or any company within its group? If Yes, please provide the following details: | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| # | Full name of the relative member | | | Name of the Company | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| e. Does the Member have a first-degree relationship to any senior executive of the company or any company within its group? If Yes, please provide the following details: | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| # | Full name of the relative senior executive | | | Name of the Company | | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |

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| f. Is the Member a member of a board of directors or board of managers of any company within the group of the company? If Yes, please provide the following details: | | | | <input type="checkbox"/> Yes |
|---|--|--|---------------------------------------|---|
| | | | | <input type="checkbox"/> No |
| # | Name of the Company | | | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| g. During the past two years, was the Member an employee of any party related to the company or any company within its group such as external auditors or main suppliers, or an owner a controlling interest in any such parties? If Yes, please provide the following details: | | | | <input type="checkbox"/> Yes |
| | | | | <input type="checkbox"/> No |
| # | Name of the company | Name the party related to the company | Position | Ownership percentage |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| h. Is the Member fully dedicated to managing the Company? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. Does the Member receive any monthly or annual compensation from the Company? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. Does the Member have a direct or indirect interest in the businesses or contracts that are executed for the Company's account? If Yes, please provide the following details: | | | | <input type="checkbox"/> Yes |
| | | | | <input type="checkbox"/> No |
| # | Nature of the businesses and contracts | Term of the businesses and contracts | Value of the businesses and contracts | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| k. Does the Legal Person that the Member is representing have a direct or indirect interest in businesses or contracts that are executed for the Company's account? If Yes, please provide the following details: | | | | <input type="checkbox"/> Yes |
| | | | | <input type="checkbox"/> No |
| | | | | <input type="checkbox"/> Not applicable |
| # | Nature of the businesses and contracts | Term of the businesses and contracts | Value of the businesses and contracts | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| l. Is the Member a member of a board of directors or board of managers of any company that has businesses or contracts with the Company? If Yes, please provide the following details: | | | | <input type="checkbox"/> Yes |
| | | | | <input type="checkbox"/> No |
| # | Name of the Company | Nature of the businesses and contracts | Term of the businesses and contracts | Value of the businesses and contracts |
| | | | | |

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| m. Is the Legal Person that the Member is representing a member of a board of directors or a board of managers of any company that has businesses or contracts with the Company? If Yes, please provide the following details: | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
|---|---------------------|--|--------------------------------------|--|
| # | Name of the company | Nature of the businesses and contracts | Term of the businesses and contracts | Value of the businesses and contracts |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| n. Does the Member own or participate in the ownership of an entity that has businesses or contracts with the Company? If Yes, please provide the following details: | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| # | Name of the Entity | Nature of the businesses and contracts | Term of the businesses and contracts | Value of the businesses and contracts |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| o. Does the Legal Person that the Member is representing own or participate in owning an entity that has businesses or contracts with the Company? If Yes, please provide the following details: | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
| # | Name of the Entity | Nature of the businesses and contracts | Term of the businesses and contracts | Value of the businesses and contracts |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| p. Is the Member a senior executive in an entity that has businesses or contracts with the Company? If Yes, please provide the following details: | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| # | Name of the Entity | Nature of the businesses and contracts | Term of the businesses and contracts | Value of the businesses and contracts |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| q. Does the Member participate in any business that would compete with the Company or any company within its group, or do business that competes with the ancillary activities of the Company or any company within its group? If Yes, please provide the following details: | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| # | Name of the company | Nature of the competing activity | | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| r. Does the Legal Person that the Member is representing participate in any business that would compete with the Company or any company within its group, or do business that competes with the ancillary activities of the Company or any company within its group? If Yes, please provide the following details: | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
| # | Name of the company | Nature of the competing activity | | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

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| | | |
|---|---------------------|--|
| s. Is the Member a member of a board of directors or board of managers of a company where such company or any company within its group participate in any business that would compete with the Company or any company within its group, or do business that competes with the ancillary activities of the Company or any company within its group? If Yes, please provide the following details: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| # | Name of the company | Nature of the competing activity |
| 1 | | |
| 2 | | |
| 3 | | |
| t. Is the Legal Person that the Member is representing a member of a board of directors or board of managers of a company where such company or any company within its group participate in any business that would compete with the Company or any company within its group, or do business that competes with the ancillary activities of the Company or any company within its group? If Yes, please provide the following details: | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
| # | Name of the company | Nature of the competing activity |
| 1 | | |
| 2 | | |
| 3 | | |
| u. Does the Member own or participate in the ownership of an entity, where such entity, or any company within its group, participate in any business that would compete with the Company or any company within its group, or do business that competes with the ancillary activities of the Company or any company within its group? If Yes, please provide the following details: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| # | Name of the entity | Nature of the competing activity |
| 1 | | |
| 2 | | |
| 3 | | |
| v. Does the Legal Person that the Member is representing own or participate in the ownership of an entity, where such entity, or any company within its group, participate in any business that would compete with the Company or any company within its group, or do business that competes with the ancillary activities of the Company or any company within its group? If Yes, please provide the following details: | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
| # | Name of the entity | Nature of the competing activity |
| 1 | | |
| 2 | | |
| 3 | | |
| w. Is the Member a senior executive in an entity, where such entity, or any company within its group, participate in any business that would compete with the Company or any company within its group, or do business that competes with the ancillary activities of the Company or any company within its group? If Yes, please provide the following details: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| # | Name of the entity | Nature of the competing activity |
| 1 | | |
| 2 | | |
| 3 | | |

Note: The Member and the Legal Person that the Member is representing shall, as applicable, be responsible for the accuracy of information provided in this Form.

The Member

The Legal Person that the Member represents

Name:

Name of the Legal Person that the Member represents:

Signature:

Name of the delegated person:

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Position:

Date:

Signature:

Date: