

## Resume form

### 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 Classification (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"/> Candidate as Shareholder	<input type="checkbox"/> Appointed by a shareholder who has the right to appoint as per the bylaws. Shareholder name: .....	<input type="checkbox"/> Nominated by a Shareholder Shareholder Name: .....
Membership term:	Appointment Date:	Term End Date:	

### 3. Personal Information:

Full name:			ID Number:		
Nationality:	<input type="checkbox"/> Saudi <input type="checkbox"/> Other Specify.....	Date of Birth:		National Address:	
Current Employer:		Job Title:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
				Email:	
				Mobile:	
Are you a Shareholder in the company?		<input type="checkbox"/> Yes <input type="checkbox"/> No			

### 4. Qualifications:

#	Degree	Date of Awarding	Major	Name of Awarding Entity and its Country
1				
2				
3				
4				

### 5. Work Experience

Term	Areas of Experience

### 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 Classification (Executive, Non-Executive, Independent)	Type of Appointment (Nominated as a Shareholder, Appointed by a Shareholder, Nominated by a Shareholder)	Committees Membership	Company Form
1						
2						
3						
4						
5						
6						

### 7. Survey questions:

a. Do you or a relative of you own five percent or more of the company's shares or any company in its group?

If the answer is in/yes, state the full details:

#	Company Name	Ownership percentage

☐ Yes

☐ No

b. Were you a senior executive for the past two years at the company or any of its group?

If the answer is in/yes, state the full details:

#	Company Name	Executive Position

☐ Yes

☐ No

c. Are you a relative to any board member or senior executive at the company or any of its group?

If the answer is in/yes, state the full details:

#	Full name of the relative and the position	Company Name

☐ Yes

☐ No

<div>d. Are you a board member or a member in the board of managers in any company within the company group?</div> <div>If the answer is in/yes, state the full details:</div> <table><tr><th>#</th><th>Company Name and the details</th></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	#	Company Name and the details							<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>												
#	Company Name and the details																				
<div>e. Were you an employee of the company for the past two years or another company from its group or owner of control shares with the company, a party dealing with the company or another company from its group such as auditors or major suppliers for the past two years?</div> <div>If the answer is in/yes, state the full details:</div> <table><tr><th>#</th><th>Company Name</th><th>Related person</th><th>Employment Type</th><th>Ownership percentage</th></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>	#	Company Name	Related person	Employment Type	Ownership percentage																<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
#	Company Name	Related person	Employment Type	Ownership percentage																	
<div>f. Do you receive amounts of money from the company in addition to the remuneration of membership of the Board of Directors or any of its committees above SAR 200,000 or 50% of the previous year's remuneration?</div>	<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>																				
<div>g. Do you have any direct or indirect interest in the business or contracts with the company?</div> <div>If the answer is in/yes, state the full details:</div> <table><tr><th>#</th><th>Nature of business or contract</th><th>Date of business or contract and its duration</th><th>Its value</th></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	#	Nature of business or contract	Date of business or contract and its duration	Its value													<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>				
#	Nature of business or contract	Date of business or contract and its duration	Its value																		
<div>h. Are you or a relative of you a board member or a member in the board of managers or a senior executive in any company that have business or contracts with the company?</div> <div>If the answer is in/yes, state the full details:</div> <table><tr><th>#</th><th>Company name</th><th>Nature of business or contract</th><th>Date of business or contract and its duration</th><th>Its value</th></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>	#	Company name	Nature of business or contract	Date of business or contract and its duration	Its value																<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
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<div>i. Do you own, manage or co-own or manage a business that has business or contracts with the company?</div> <div>If the answer is in/yes, state the full details:</div> <table><tr><th>#</th><th>Company name</th><th>Nature of business or contract</th><th>Date of business or contract and its duration</th><th>Its value</th></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>	#	Company name	Nature of business or contract	Date of business or contract and its duration	Its value																<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
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<b>j. Are you involved in any work that would compete with the company or any company in its group, or compete with the company in one of its branches of activity or any company in its group?</b> If the answer is in/yes, state the full details:			<input type="checkbox"/> Yes  <input type="checkbox"/> No
#	Company Name	Compete business or contract nature	
<b>k. Are you a member of the Board of Directors, Board of Managers or Senior Executives of a company that participates in any work that would compete with the company or any company in its group, or in a branch of the company's activity or any company in its group?</b> If the answer is in/yes, state the full details:			<input type="checkbox"/> Yes  <input type="checkbox"/> No
#	Company Name	Compete business or contract nature	
<b>l. Do you own or co-own a business that could compete the company or any of its group or participate in any business that would compete with the company or any of its group, or in a branch of the company's activity?</b> If the answer is in/yes, state the full details:			<input type="checkbox"/> Yes  <input type="checkbox"/> No
#	Company Name	Compete business or contract nature	
<b>m. Are there any liability claims raised against you by the company, or any company from its group, or any other joint stock company?</b> If the answer is in/yes, state the full details:			<input type="checkbox"/> Yes  <input type="checkbox"/> No
#	Details		
<b>n. Are there any claims, complaints, or litigation - in any form - filed by you against the Company, any of its Group or any other joint stock company??</b> If the answer is in/yes, state the full details:			<input type="checkbox"/> Yes  <input type="checkbox"/> No
#	Details		
<b>o. Are there any unimplemented provisions against you, to which the company or any company of its group or any other joint stock company is a party?</b> If the answer is in/yes, state the full details:			<input type="checkbox"/> Yes  <input type="checkbox"/> No
#	Details		

<p><b>p. Are you aware of any proceedings, investigation or any official action directed against you?</b></p> <p>If the answer is in/yes, state the full details:</p> <table><tr><th>#</th><th>Details</th></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	#	Details							<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
#	Details								
<p><b>q. Have you ever declared your bankruptcy at any time either inside or outside the Kingdom?</b></p> <p>If the answer is in/yes, state the full details:</p> <table><tr><th>#</th><th>Details</th></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	#	Details							<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
#	Details								
<p><b>r. Have you ever witnessed a compulsory liquidation of any company or enterprise of any legal form or the appointment of a director or a judicial guard within the period in which you are on its board of directors ever taken place?</b></p> <p>If the answer is in/yes, state the full details:</p> <table><tr><th>#</th><th>Details</th></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	#	Details							<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
#	Details								
<p><b>s. Have you ever been prevented from working in any joint stock company based on a judicial decision?</b></p> <p>If the answer is in/yes, state the full details:</p> <table><tr><th>#</th><th>Details</th></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	#	Details							<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
#	Details								
<p><b>t. Have you ever been dismissed from membership (Board of Managers/Board of Directors/Committee) of any company or enterprise in whatever legal form?</b></p> <p>If the answer is in/yes, state the full details:</p> <table><tr><th>#</th><th>Details</th></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	#	Details							<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
#	Details								
<p><b>u. Have you ever been convicted or convicted of any company or enterprise in any legal form in which you have been a member of a Board of Directors or Board of Managers; For any act or practice involving the nature of fraud, breach of trust, money-laundering or so?</b></p> <p>If the answer is in/yes, state the full details:</p> <table><tr><th>#</th><th>Details</th></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	#	Details							<div><input type="checkbox"/> Yes</div> <div><input type="checkbox"/> No</div>
#	Details								

<b>v. Has any judicial body in any State, organization or institutional entity ever ruled that you are not eligible to serve as a member of a company's board of directors, or act to manage or conduct the affairs of any company?</b> <b>If the answer is in/yes, state the full details:</b>	<input type="checkbox"/> Yes  <input type="checkbox"/> No								
<table><tr><th>#</th><th>Details</th></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>	#	Details							
#	Details								

**Endorse and undertake:**

- ☐ I acknowledge that the information contained in this form (including all annexes) is complete, correct and accurate, undertake to provide any other information and data requested by the Authority within the period specified in the request, and assume full statutory responsibility in the event that any information or documentation submitted to the Authority is incorrect or inaccurate.
- ☐ I acknowledge that the Authority's continued correspondence on the addresses and means of communication mentioned in this form is a valid communication to me and a product of its legal implications. I undertake to notify the Authority in writing of any change, and I take responsibility for failing to do so.

Nominated\Appointed member ratification	
Name	
Signature	
Date	