

Form 3

Form Filling Instructions

1. This form shall be filled out by the nominated/appointed member of the Board of Directors of a joint stock company listed on the Saudi Stock Exchange (the "Company").
2. In the event that the member is appointed by the Company's board of directors - based on paragraph (4) of Article 69 of the Companies Law - the member shall be obliged to send this form to the Company immediately upon his appointment.
3. The Company shall attach this form after filling out the data contained therein in the electronic system determined by the Capital Market Authority at least (3) business days before the General Assembly.

1. The Company Information

| | |
|-----------------------|--|
| Name of the Company | |
| Sector of the Company | |

2. Membership Status and Method of Appointment

| | | | |
|---------------------------------|---|--|---|
| 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"/> Nominated as a shareholder | <input type="checkbox"/> Appointed by a shareholder who has the right to appoint under the Company's bylaws: Name of shareholder: | Nominated by a shareholder, by the name of: |
| Term of Membership: | Start date of (Board term/membership if appointment is made after the start of the Board term): / / | | End date of the board term: / / |

3. Personal Information

| | | | |
|---------------------------------------|--|------------------------|---|
| Full name: | | Identification Number: | |
| Nationality: | <input type="checkbox"/> Saudi <input type="checkbox"/> Other, mention | Date of Birth: | National Address: |
| Current Employer: | Job Title: | Gender: | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| | | E-mail: | |
| | | Mobile: | |
| Are you a shareholder in the Company: | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

4. Academic Qualifications

| # | Degree | Major | Date of the Degree | Name and Country of Awarding Entity |
|---|--------|-------|--------------------|-------------------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

5. Work Experience

| Term | Areas of Experience |
|------|---------------------|
| | |
| | |
| | |

6. Current membership in the committees or board of directors/managers of other joint stock companies (listed or unlisted) or any other company, regardless of its legal form

| # | Name of the company | Main activity | Membership status on the boards of directors of companies (Executive, Non-Executive, Independent) or not applicable | Method of appointment (nominated as a shareholder, appointed by a shareholder with the right of appointment under the company's bylaws, nominated by a shareholder) | Name of the committee of which it is a member | Legal Form of the Company |
|---|---------------------|---------------|---|---|---|---------------------------|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |

7. Survey Questions:

a. Do you or any of your relatives' own five percent or more of the shares of the Company or any company within its group? If Yes, provide full details: Yes No

| # | Name of the company | Ownership percentage |
|---|---------------------|----------------------|
| 1 | | |
| 2 | | |
| 3 | | |

b. Have you been a senior executive of the Company or any of its group companies during the past two years? If Yes, provide full details: Yes No

| # | Name of the company | Executive position |
|---|---------------------|--------------------|
| 1 | | |
| 2 | | |
| 3 | | |

c. Are you related to any member of the board of directors or senior executives of the Company or any of its group companies? If Yes, provide full details: Yes No

| # | Full name of the relative member and their position | Name of the company |
|---|---|---------------------|
| 1 | | |
| 2 | | |
| 3 | | |

d. Are you a member of the board of directors or board of managers of any company within the Company's group? If Yes, provide full details: Yes No

| # | Name of the company and details |
|---|---------------------------------|
| 1 | |
| 2 | |
| 3 | |

| e. Have you been an employee of the Company or any of its group companies, or a holder of a controlling stake in the Company or a party dealing with the Company or any of its group companies such as auditors or major suppliers, during the past two years? If Yes, provide full details: | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--------------------------------------|---|--|-------------------------------------|---|
| # | Name of the company | Name of the party associated with the company | Job type | Ownership percentage | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| f. Do you receive sums of money from the Company, in addition to the remuneration for board or committee memberships, in excess of (SAR 200,000) or 50% of the previous year's remuneration for the board or committee membership, whichever is less? | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Do you have any direct or indirect interest in the business and the contracts that are executed for the Company's account? If Yes, provide full details: | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| # | Nature of the business and contracts | Start date of the business and contracts and their duration | Value of the business and contracts | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| h. Are you or any of your relatives a member of a board of directors, board of managers, or a senior executive of a company/establishment that has business or contracts with the Company? If Yes, provide full details: | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| # | Name of the company | Nature of the business and contracts | Duration of the business and contracts | Value of the business and contracts | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| i. Do you own, manage, or co-own or co-manage an establishment that has business or contracts with the Company? If Yes, provide full details: | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| # | Name of the establishment | Nature of the business and contracts | Duration of the business and contracts | Value of the business and contracts | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |



| j. Do you participate in any business that would compete with the Company or any company within its group, or competes with a segment of the activities of the Company or any company within its group? If Yes, provide full details: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|-----------------------------------|---|
| # | Name of the company | Nature of the competing business or activity |
| 1 | | |
| 2 | | |
| 3 | | |
| k. Are you a member of the board of directors, board of managers, or a senior executive of a company/establishment where such company/establishment, or any company within its group, participates in any business that would compete with the Company or any company within its group, or participates in business that competes with a segment of the activities of the Company or any company within its group? If Yes, provide full details: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| # | Name of the Company/Establishment | Nature of the competing business or activity |
| | | |
| | | |
| | | |
| l. Do you own or co-own an establishment where such establishment or any company within its group participates in any business that would compete with the Company or any company within its group, or participates in business that competes with a segment of the activities of the Company or any company within its group? If Yes, provide full details: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| # | Name of the Establishment | Nature of the competing business or activity |
| 1 | | |
| 2 | | |
| 3 | | |
| a. Are there any liability claims against you filed by the Company, any company within its group, or any other joint stock company? If Yes, full details must be stated: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| # | Details | |
| 1 | | |
| 2 | | |
| 3 | | |
| m. Are there any lawsuits, complaints, or disputes – in any form – filed by you against the Company, any company within its group, or any other joint stock company? If Yes, full details must be stated: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| # | Details | |
| 1 | | |
| 2 | | |
| 3 | | |
| n. Are there any unenforced judgments issued against you to which the Company or any company within its group or any other joint stock company is a party? If Yes, full details must be stated: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| # | Details | |
| 1 | | |
| 2 | | |
| 3 | | |

| | | |
|---|---------|---|
| o. Are you aware of any lawsuits, investigation, or any official proceedings against you? If Yes, full details must be stated: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| # | Details | |
| 1 | | |
| 2 | | |
| 3 | | |
| p. Have you ever been declared bankrupt, at any time, whether inside or outside the Kingdom?? If Yes, full details must be stated: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| # | Details | |
| 1 | | |
| 2 | | |
| 3 | | |
| q. Has there ever been a compulsory liquidation or the appointment of a manager or receiver, over any company or establishment, regardless of its legal form, during the period that you were on its board of directors? If Yes, full details must be stated: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| # | Details | |
| 1 | | |
| 2 | | |
| 3 | | |
| r. Have you ever been prevented from working in any joint stock company based on a decision from a judicial authority? If Yes, full details must be stated, including the date and duration of the ban: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| # | Details | |
| 1 | | |
| 2 | | |
| 3 | | |
| s. Have you ever been removed from the membership of (board of directors/board of managers/committee) of any company or establishment, regardless of its legal form? If Yes, full details must be stated: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| # | Details | |
| 1 | | |
| 2 | | |
| 3 | | |
| t. Have you or any company or establishment, whatever its legal form, in which you held a position of membership on the board of directors or board of managers, ever been convicted for committing any act or practice involving fraud, breach of trust, money laundering, or the like? If Yes, full details must be stated: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| # | Details | |
| 1 | | |
| 2 | | |
| 3 | | |

| u. Has any judicial authority in any country, organization, or an institutional entity ever ruled that you are ineligible to hold any position as a member of the board of directors of a company, or to act to manage, or manage the affairs of, any company? If Yes, full details must be stated: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---------|---|
| # | Details | |
| 1 | | |
| 2 | | |
| 3 | | |

Declaration and undertaking:

I declare that the information contained in this form (including all attachments) is complete, true and accurate, and I undertake to provide any other information and data requested by the Capital Market Authority within the period specified in the application, and I accept full legal responsibility in case any of the information or documents submitted to the Capital Market Authority are not true or inaccurate.

I acknowledge that the Capital Market Authority's communication and correspondence to the addresses and contact methods mentioned in this form shall be considered valid notices to me and shall have full legal effect, and I undertake to notify the Capital Market Authority in writing of any changes to these details and take full responsibility for any failure to do so.

| Acceptance of the nominated/appointed member | |
|--|--|
| Name | |
| Signature | |
| Date | |