

أفالون فارما
Avalon Pharma



**Attachments of Nomination for
Board of Directors'
Membership Application**

**Nomination for
Board of Directors' Membership
Application Form**

Nomination for Board of Directors' Membership Application Form

Application for nomination to membership of the Board of Directors for the upcoming term, for a period of four years, from 16 April 2026 until 15 April 2030.

His Excellency, Chairman of the Nominations and Remuneration Committee
Middle East Pharmaceutical Industries Company.
Peace be upon you, and God's mercy and blessings.

With reference to the announcement of Middle East Pharmaceutical Industries Company (Avalon Pharma) (the "Company") regarding the opening of nominations for membership of the Board of Directors for the upcoming term of four years, commencing on 16 April 2026 and ending on 15 April 2030, and with reference to the Company's policies and criteria for Board membership and the provisions of the laws and regulations issued by the relevant authorities, I hereby inform you of my desire to nominate myself for membership of the Board of Directors for its upcoming term, which begins on 16 April 2026 and ends on 15 April 2030. I also attach herewith my nomination application, including all forms, documents, and information referred to in the published announcement on the website of Middle East Pharmaceutical Industries Company, as included in the requirements table below.

I also confirm the following:

1. I hereby acknowledge that I have reviewed all the provisions of the "Policies, Standards, and Procedures for Membership in the Board of Directors of the Middle East Pharmaceutical Industries Company" as announced in accordance with the regulations issued by the relevant authorities, and I declare that I meet all the requirements stated therein. Should it be proven otherwise, my candidacy or my membership in the Board and/or the committees on which I serve shall be revoked.
2. I declare that all information, data, and signatures contained in all the attached forms and documents are complete, accurate, and not misleading, and I bear full responsibility should any of them prove to be incorrect.
3. All required documents and forms referred to in the Company's announcement have been duly attached to the nomination application form in accordance with the approved format.
4. I declare, while fully legally competent under Sharia and applicable laws, that if elected to the Board of Directors, I will perform my duties and responsibilities with sincerity and integrity; comply with all applicable laws, regulations, rules, policies, and procedures; devote sufficient time to attend meetings of the Board and the committees of which I am a member; and carry out my duties in a manner that serves the best interests of the Company.
5. I declare that I have not previously been convicted of any offense involving dishonor or breach of trust, nor of any violation of laws or regulations in the Kingdom of Saudi Arabia or in any other country. Should it be proven otherwise, my candidacy or my membership in the Board and/or the committees on which I serve shall be revoked.

In accordance with paragraph No. 3 of the declarations stated above, I hereby confirm that all documents, forms, and any additional requirements have been duly completed and submitted in the format specified by the Company, as outlined in the nomination requirements table below. I further acknowledge that if any of these are found to be incomplete or inaccurate, my nomination application shall be eliminated. Consequently, I hereby acknowledge the following:

	Nomination Requirements	Arabic	English
1	Completion of the Nomination for Board of Directors' Membership Application Form in both Arabic and English, and electronic signing thereof.		
2	Completion of the Independency Form in both Arabic and English, and electronic signing thereof.		
3	Completion of Form No. 1 - Resume in both Arabic and English, and electronic signing thereof.		
4	Completion of Form No. 3 - CMA Resume in both Arabic and English, and electronic signing thereof.		

Nominee's Full Name:	
ID/Passport Place of Issuance:	
ID/Passport Number:	
ID/Passport Date of Expiry:	
Application Date:	
Signature:	

Independency Form

Independency Form

Nominee's Independence-Affecting Issues

In reference to the Corporate Governance Regulations issued by the Board of the Capital Market Authority, kindly fill out the Form to endorse the membership status (independent - non-independent) according to the definition of the Independent Director below. Please fill the Form accurately and when any of the independence-affecting issues occurs you may inform the Board Secretariat of the Board of Directors of Middle East Pharmaceutical Industries Company.

	Independence-Affecting Issues	Applicable	Not Applicable
1	If he/she holds five percent or more of the shares of the Company or any other company within its group; or is a relative of who owns such percentage.		
2	If he/she is a relative of any member of the Board of the Company, or any other company within the Company's group.		
3	If he/she is a relative of any Senior Executive of the Company, or of any other company within the Company's group.		
4	If he/she is a Board member of any company within the group of the Company for which he/she is nominated to be a Board member.		
5	If he/she is an employee or used to be an employee, during the preceding two years, of the Company or a company within its group, or if he/she held a controlling interest in the Company or any party dealing with the Company or any company within its group, such as external auditors or main suppliers during the preceding two years.		
6	If he/she has a direct or indirect interest in the businesses and contracts executed for the Company's account.		
7	If the member of the Board receives financial consideration from the Company in addition to the remuneration for his/her membership of the Board or any of its committees exceeding an amount of (200,000) or %50 of his/her remuneration of the last year for the membership of the Board or any of its committees, whichever is less.		
8	If he/she engages in a business where he/she competes with the Company, or conducting businesses in any of the Company's activities.		
9	If he/she served for more than nine years, consecutive or inconsecutive, as a Board member of the Company.		

I Acknowledge:

I'm independent as defined below, and if any of the Terms of Independence are missed, I will inform the Board Secretariat of the Board of Directors of Middle East Pharmaceutical Industries Company via their email (**NRC@avalon.com.sa**)

I'm not independent because one of the above Independence-Affecting Issues applies on me as a nominee (Paragraph No .).

Nominee's Full Name	Signature	Date

Independency Form

Definitions

Independent Director:

A non-executive member of the Board who enjoys complete independence in his/her position and decisions and none of the independence affecting issues stipulated above apply to him/her.

Relatives:

- Fathers, mothers, grandfathers, and grandmothers (and their ancestors).
- Children and grandchildren and their descendants.
- Siblings, maternal and paternal half-siblings.
- Husbands and wives.

The Company:

Middle East Pharmaceutical Industries Company.

Controlling Interest:

The ability to influence actions or decisions of another person directly, indirectly, individually or collectively with a relative or an affiliate through:

- a. Owning %30 or more of the voting rights in a company.
- b. Having the right to appoint %30 or more of the administrative team members.

Affiliate:

A person who controls another person or is controlled by that other person, or who is under common control with that person by a third person. In any of the preceding, control could be direct or indirect.

The Group:

When referring to a person, means the person and his affiliates.

Person:

Any natural or legal person that is recognized as such under the laws of the Kingdom.

Indirect Interest in the Businesses and Contracts:

An interest shall be considered indirect if the business and contract executed for the Company's account may result in financial or non-financial benefits to, but not limited to, the following categories:

1. The relatives of the Board member.
2. A partnership, limited partnership or limited liability company where any Board member or any of his/her relatives is a partner in it or among its managers.
3. A joint stock company or simplified joint-stock company in which a Board member or any of his/her relatives, individually or collectively, own (%5) or more of its total ordinary shares.
4. An entity - other than companies - in which a Board member or any of his/her relatives has ownership, or is managing it.
5. An entity or a company where a Board member or any of his/her relatives is a member of its Board of Directors or a senior executive, except for the Company's Affiliates.

Unless the Nomination and Remuneration Committee considers otherwise, the businesses and contracts with the board member to meet his/her personal needs shall not be deemed as an interest that affect the independence of the board member which require an authorization from the Ordinary General Assembly, provided that such businesses and contracts are carried out in the same conditions and settings followed by the Company with all contractors and dealers, and that such businesses and contracts must be within the normal course of the Company's activities.

Form No. 1 Resume

Form No. 1 - Resume

A. Personal Information of the Nominated Member

Full Name			
Nationality		Date of Birth	

B. Academic Qualifications of the Nominated Member

	Qualification	Specialization	Date of Obtaining the Qualifications	The Issuer of the Qualification
1				
2				
3				
4				
5				
6				
7				
8				

C. Experiences of the Nominated Member

Period	Experience

D. Current Membership in the Board of Directors of Other Joint Stock Companies (Listed or Non-Listed) or Any Other Company, Regardless of its Legal Form or the Committees Deriving From it:

	Company's Name	Main Activity	Membership Type (Executive, Non-Executive, Independent)	Membership Nature (Shareholder, Appointed by a shareholder who has the right of appointment under the Company's law, Nominated by shareholder)	Committee Membership	Company's Legal Form
1						
2						
3						
4						
5						
6						
7						
8						

Nominee's Full Name:	
Application Date:	
Signature:	

Form No. 3 CMA Resume



Resume Form

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 in the Saudi 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 ("CMA") at least (3) business days prior to convening the General Assembly.

1. Company Information

Company's Name	Middle East Pharmaceutical Industries Company
Company's Sector	Pharma, Biotech and Life Science

2. Membership Type and Appointment Nature

Membership Type (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"/> Shareholder	<input type="checkbox"/> Appointed by a shareholder who has the right of appointment under the Company's law Shareholder Name:	<input type="checkbox"/> Nominated by shareholder Shareholder Name:
Membership Term	Start Date of the (Board Term/ Membership, if appointment took place after the Board Term start):	16 April 2026	End date of the Board Term: 15 April 2030

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
				E-mail	
				Mobile	
Do you hold shares in the Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No				

4. Academic Qualifications

#	Qualification	Specialization	Date of Obtaining the Qualifications	Name and Country of the Qualification Issuer
1				
2				
3				
4				
5				
6				
7				
8				

5. Work Experience

Period	Areas of Experience

6. Current Membership in the Boards of Directors or Boards of Managers of Other Joint Stock Companies (Listed or Non-Listed) or Any Other Company, regardless of its legal form or the committees deriving from it

#	Company's Name	Main Activity	Membership Type in the Companies' Boards of Directors (Executive, Non-Executive, Independent) or not applicable	Membership Nature (Shareholder, Appointed by a shareholder who has the right of appointment under the Company's law, Nominated by shareholder)	Committee Membership	Company's Legal Form
1						
2						
3						
4						
5						
6						
7						
8						

7. Survey Questions

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

#	Company's Name	Ownership Percentage
1		
2		
3		

b. Were you a senior executive of the Company or any other company within its group during the past two years? Yes No
 If Yes, please provide full details herein below:

#	Company's Name	Executive Position
1		
2		
3		

c. Do you have kinship with any member of the Board of Directors or a senior executive of the Company or any company within its group? Yes No
 If Yes, please provide full details herein below:

#	The Relative's Full Name and Position	Company's Name
1		
2		
3		

d. Are you a member of a Board of Directors or Board of Managers of any company within the Company's group? Yes No
 If Yes, please provide full details herein below:

#	Company's Name and Details
1	
2	
3	

e. Were you, during the past two years, an employee of the Company or any company within its group; or were you a holder of a controlling interest in the Company; or a party dealing with the Company or any company within its group, such as external auditors or main suppliers? Yes No
 If Yes, please provide full details herein below:

#	Company's Name	Name of Party Dealing with the Company	Position	Ownership Percentage
1				
2				
3				

f. Do you receive a financial consideration from the Company over the remuneration for membership of the Board of Directors or any of its Committees, and such consideration exceeds SAR 200,000 or 50% of the previous year's remuneration for membership of the Board of Directors or any of its Committees, whichever is less? Yes No

<p>g. Do you have any direct or indirect interest in the businesses or contracts that are executed for the Company's account? If Yes, please provide full details herein below:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #4F81BD; color: white;"> <th style="width: 5%;">#</th> <th style="width: 30%;">Nature of the Businesses and Contracts</th> <th style="width: 30%;">Start Date and Duration of the Businesses and Contracts</th> <th style="width: 35%;">Amount of the Businesses and Contracts</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td><td></td></tr> </tbody> </table>	#	Nature of the Businesses and Contracts	Start Date and Duration of the Businesses and Contracts	Amount of the Businesses and Contracts	1				2				3				<input type="checkbox"/> Yes <input type="checkbox"/> No				
#	Nature of the Businesses and Contracts	Start Date and Duration of the Businesses and Contracts	Amount of the Businesses and Contracts																		
1																					
2																					
3																					
<p>h. Are you, or is any of your relatives, a member of a Board of Directors, Board of Managers, or a senior executive of any company/entity that has businesses or contracts with the Company? If Yes, please provide full details herein below:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #4F81BD; color: white;"> <th style="width: 5%;">#</th> <th style="width: 20%;">Company's Name</th> <th style="width: 25%;">Nature of the Businesses and Contracts</th> <th style="width: 20%;">Duration of the Businesses and Contracts</th> <th style="width: 30%;">Amount of the Businesses and Contracts</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	#	Company's Name	Nature of the Businesses and Contracts	Duration of the Businesses and Contracts	Amount of the Businesses and Contracts	1					2					3					<input type="checkbox"/> Yes <input type="checkbox"/> No
#	Company's Name	Nature of the Businesses and Contracts	Duration of the Businesses and Contracts	Amount of the Businesses and Contracts																	
1																					
2																					
3																					
<p>i. Do you own or manage, or participate in the ownership or management of an entity having businesses or contracts with the Company? If Yes, please provide full details herein below:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #4F81BD; color: white;"> <th style="width: 5%;">#</th> <th style="width: 20%;">Entity's Name</th> <th style="width: 25%;">Nature of the Businesses and Contracts</th> <th style="width: 20%;">Duration of the Businesses and Contracts</th> <th style="width: 30%;">Amount of the Businesses and Contracts</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	#	Entity's Name	Nature of the Businesses and Contracts	Duration of the Businesses and Contracts	Amount of the Businesses and Contracts	1					2					3					<input type="checkbox"/> Yes <input type="checkbox"/> No
#	Entity's Name	Nature of the Businesses and Contracts	Duration of the Businesses and Contracts	Amount of the Businesses and Contracts																	
1																					
2																					
3																					
<p>j. Do you engage in any business that would compete with the Company or any company within its group, or that competes with any activities carried out by the Company or any company within its group? If Yes, please provide full details herein below:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #4F81BD; color: white;"> <th style="width: 5%;">#</th> <th style="width: 30%;">Company's Name</th> <th style="width: 65%;">Nature of the Competing Business or Activity</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td></tr> </tbody> </table>	#	Company's Name	Nature of the Competing Business or Activity	1			2			3			<input type="checkbox"/> Yes <input type="checkbox"/> No								
#	Company's Name	Nature of the Competing Business or Activity																			
1																					
2																					
3																					

<p>k. Are you a member of a Board of Directors, Board of Managers, or executive management of a company/entity, where such company/entity or any company within its group, participates in any business that would compete with the Company or any company within its group; or that competes with any of the activities carried out by the Company or any company within its group? If Yes, please provide full details herein below:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #4F81BD; color: white;"> <th style="width: 5%;">#</th> <th style="width: 30%;">Company's /Entity's Name</th> <th style="width: 65%;">Nature of the Competing Business or Activity</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td></tr> </tbody> </table>	#	Company's /Entity's Name	Nature of the Competing Business or Activity	1			2			3			<input type="checkbox"/> Yes <input type="checkbox"/> No
#	Company's /Entity's Name	Nature of the Competing Business or Activity											
1													
2													
3													
<p>l. Do you own or participate in the ownership of an entity, where such entity or any company within its group, participates in any business that would compete with the Company or any company within its group; or that competes with any of the activities carried out by the Company or any company within its group? If Yes, please provide full details herein below:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #4F81BD; color: white;"> <th style="width: 5%;">#</th> <th style="width: 30%;">Entity's Name</th> <th style="width: 65%;">Nature of the Competing Business or Activity</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td><td></td></tr> </tbody> </table>	#	Entity's Name	Nature of the Competing Business or Activity	1			2			3			<input type="checkbox"/> Yes <input type="checkbox"/> No
#	Entity's Name	Nature of the Competing Business or Activity											
1													
2													
3													
<p>m. Are there any liability claims filed against you by the Company or any company within its group, or any other joint stock company? If Yes, please provide full details herein below:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #4F81BD; color: white;"> <th style="width: 5%;">#</th> <th style="width: 95%;">Details</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td></tr> </tbody> </table>	#	Details	1		2		3		<input type="checkbox"/> Yes <input type="checkbox"/> No				
#	Details												
1													
2													
3													
<p>n. Are there any claims, complaints, or disputes of any type, that you filed against the Company, or any company within its group or any other joint stock company? If Yes, please provide full details herein below:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #4F81BD; color: white;"> <th style="width: 5%;">#</th> <th style="width: 95%;">Details</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td></tr> </tbody> </table>	#	Details	1		2		3		<input type="checkbox"/> Yes <input type="checkbox"/> No				
#	Details												
1													
2													
3													
<p>o. Are there any judgements against you that stayed unexecuted, and to which the Company, or any company within its group or any other joint stock company, is a party? If Yes, please provide full details herein below:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr style="background-color: #4F81BD; color: white;"> <th style="width: 5%;">#</th> <th style="width: 95%;">Details</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td></td></tr> <tr><td style="text-align: center;">2</td><td></td></tr> <tr><td style="text-align: center;">3</td><td></td></tr> </tbody> </table>	#	Details	1		2		3		<input type="checkbox"/> Yes <input type="checkbox"/> No				
#	Details												
1													
2													
3													

<p>p. Are you aware of any claims, investigations, or any official proceedings invoked against you? If Yes, please provide full details herein below:</p> <table border="1"> <thead> <tr> <th>#</th> <th>Details</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td></td> </tr> </tbody> </table>	#	Details	1		2		3		<input type="checkbox"/> Yes <input type="checkbox"/> No
#	Details								
1									
2									
3									
<p>q. Have you ever had a declaration of bankruptcy, at any time, whether inside or outside Saudi Arabia? If Yes, please provide full details herein below:</p> <table border="1"> <thead> <tr> <th>#</th> <th>Details</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td></td> </tr> </tbody> </table>	#	Details	1		2		3		<input type="checkbox"/> Yes <input type="checkbox"/> No
#	Details								
1									
2									
3									
<p>r. Has a compulsory liquidation been enforced upon, or an official administrator or receiver been appointed for any company, or entity of any legal form, when you were on its Board of Directors? If Yes, please provide full details herein below:</p> <table border="1"> <thead> <tr> <th>#</th> <th>Details</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td></td> </tr> </tbody> </table>	#	Details	1		2		3		<input type="checkbox"/> Yes <input type="checkbox"/> No
#	Details								
1									
2									
3									
<p>s. Have you ever been prohibited from serving on any joint stock company based on a judicial decision? If Yes, please provide full details, including the prohibition date and duration herein below:</p> <table border="1"> <thead> <tr> <th>#</th> <th>Details</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td></td> </tr> </tbody> </table>	#	Details	1		2		3		<input type="checkbox"/> Yes <input type="checkbox"/> No
#	Details								
1									
2									
3									
<p>t. Have you ever been dismissed from the membership of a (Board of Directors/Board of Managers/Committee) of any company or entity of any legal form? If Yes, please provide full details herein below:</p> <table border="1"> <thead> <tr> <th>#</th> <th>Details</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td></td> </tr> </tbody> </table>	#	Details	1		2		3		<input type="checkbox"/> Yes <input type="checkbox"/> No
#	Details								
1									
2									
3									

<p>u. Have you ever been, or has any company or entity of any form where you served on its Board of Directors or Board of Managers, been convicted for committing any act of fraud, breach of trust, money laundry, or the like? If Yes, please provide full details herein below:</p> <table border="1" data-bbox="98 488 1211 689"> <thead> <tr> <th>#</th> <th>Details</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td></td> </tr> </tbody> </table>	#	Details	1		2		3		<input type="checkbox"/> Yes <input type="checkbox"/> No
#	Details								
1									
2									
3									
<p>v. Has any judicial authority, organization, or institution, in any country, adjudicated or decided your incapacity to assume the membership of a company's Board of Directors, or to act freely in administering the affairs of a company. If Yes, please provide full details herein below:</p> <table border="1" data-bbox="98 840 1211 1043"> <thead> <tr> <th>#</th> <th>Details</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> </tr> <tr> <td>2</td> <td></td> </tr> <tr> <td>3</td> <td></td> </tr> </tbody> </table>	#	Details	1		2		3		<input type="checkbox"/> Yes <input type="checkbox"/> No
#	Details								
1									
2									
3									

Declaration and Acknowledgement:

- I declare that the information contained in this form (including all attachments) is complete, correct, and accurate; and I undertake to provide any other information and data requested by the CMA within the period specified in such request; and I accept full legal responsibility in case any of the information or documents submitted to the CMA are incorrect or inaccurate.
- I acknowledge that the CMA's communication and correspondence to the addresses and contact information mentioned in this Form shall be considered valid notices to me and shall have full legal effect; and I undertake to notify the CMA in writing of any changes to these details and take full responsibility for any failure to do so.

Confirmation by Nominee/ Appointee	
Name:	
Signature:	
Date:	