



Application for Nomination to the Board of Directors of Allied Cooperative Insurance Group (ACIG)

To: The Nomination and Remuneration Committee
- Respected Members -

Peace be upon you,

I, the undersigned, hereby submit my desire to nominate myself for membership on the Board of Directors of Allied Cooperative Insurance Group (ACIG) for the upcoming term, which commences on 18/05/2025 and concludes on 17/05/2028. After reviewing the membership requirements and conditions, I confirm and declare the following:

1. I meet the eligibility criteria and standards for board membership as stipulated in the company's announcement published on the "Tadawul" platform.
2. All information, data, and signatures provided in this application and its attachments are accurate.
3. I have attached all the required forms and documents referenced in the announcement along with this application.

I further declare that I understand all information provided in the nomination application will be reviewed and verified according to the approved requirements, policies, standards, and conditions outlined in the announcement and in compliance with relevant laws and regulations. I also commit to submitting any additional information or documents that the company or its representatives may request at a later time.

Candidate Information:

Full Name	
ID/Residency Number	
Nationality	
Date of Birth	
Mobile Number	
Email Address	
Application Submission Date	
Signature	

Allied Cooperative Insurance Group (ACIG) S.J.S.C

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المجموعة المتحدة للتأمين التعاوني (أسيج) ش.م.س

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