



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

Paid Capital 291 Million Saudi Riyals - C.R. 1010417178 R + C. 95457
H.O. Riyadh P.O. Box 40523, Riyadh 11511 Kingdom of Saudi Arabia
Tel.: +966 11 485 2626 Fax : +966 11 489 0555
Jeddah C.R. 4030171999 Tel.: +966 12 663 3222 Fax: +966 12 661 7421
Al Khobar C.R. 2051043671 Tel.: +966 13 893 3637 Fax : +966 13 893 8440
Khamis Mushayt C.R. 5855035150 Tel.: +966 17 221 5521 Fax: +966 17 223 7465

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

رأس المال المدفوع 291 مليون ريال سعودي - س.ت 1010417178 ج.ت 95457
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Declaration of Membership Status (Independent/Non-Independent) in accordance with the Corporate Governance Regulations issued by the Capital Market Authority (CMA)

Referring to Article 19 of the Corporate Governance Regulations issued by the CMA, which pertains to the independence criteria for board members, we kindly request that you complete the form below based on the definition of an independent member:

"An independent board member is a non-executive member who enjoys complete independence in their position and decisions, and to whom none of the independence barriers outlined in Article 19 of the Corporate Governance Regulations issued by the CMA apply."

Item	Independence Barriers as per Article 19 of the CMA's Corporate Governance Regulations (including but not limited to):	Applicable	Not Applicable
1	Ownership of 5% or more of the company's shares or shares in another group company or having a kinship relationship with someone who owns such a percentage.		
2	Kinship relationship with any board member in the company or another group company.		
3	Kinship relationship with any senior executive in the company or another group company.		
4	Serving as a board member in another group company.		
5	Current or past employment within the last two years at the company or any other group company, or ownership of controlling stakes in the company or any party dealing with the company or group company, such as auditors or key suppliers.		
6	Having a direct or indirect interest in the company's business or contracts.		

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7	Receiving financial amounts from the company, exceeding SAR 200,000 or 50% of the member's previous year's board or committee remuneration, whichever is less.		
8	Participating in an activity that competes with the company or engaging in the same business as the company.		
9	Having served more than nine consecutive or intermittent years on the company's board.		

If you answer "Not Applicable" to all the above, you affirm and certify your full independence. In the event of any independence barrier arising, you must promptly notify the Nomination and Remuneration Committee.

Full Name	Signature	Date

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Candidates with Prior Membership in the Board of Directors of Allied Cooperative Insurance Group (ACIG)

Messrs.

Description	Membership Period	Number of Meetings Held	Number of Meetings Personally Attended	Attendance Percentage of Total Meetings
Board of Directors	From: To:			
Subcommittees				
Audit Committee				
Nomination and Remuneration Committee				
Executive Committee				
Investment Committee				
Risk Committee				
Shariah Committee				

Board Secretary	
Compliance Department Manager	

This form is to be submitted along with the nomination application for membership on the Board of Directors of Allied Cooperative Insurance Group (ACIG) for the term beginning on 18/05/2025 and concluding on 17/05/2028.

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