

**(4)**

**Questionnaire on the Criteria for the  
Adequacy of the Directors of the Board,  
Managing Directors and Executive Officers**

**(To be completed by each Board Member / Managing Director / Executive Officer)**

<b>Name of the Company</b>	
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**First: Personal Information:**

<b>Full Name</b>	
<b>Type and No. of ID</b>	
<b>Proposed Position at the Company</b>	
<b>Present address</b>	
<b>Date and Place of Birth (Including city and area)</b>	
<b>Nationality</b>	

**Educational and professional qualifications and acquisition year.**

<b>No.</b>	<b>Qualification</b>	<b>Institute</b>	<b>Year</b>



2) List the Companies name and dates of employment in which you are currently a member of the board of directors or a manager.

No.	Name of the Company	Position	Dates

3) Are you a shareholder in any Company which is presently licensed or has applied for a license to practice insurance business?

Yes	
No	

If “Yes” Please specify:

- .....
- .....
- .....

4) Does any of the companies mentioned in your answers to questions (2) and (3) have a business relationship with the Company you have been nominated for?

Yes	
No	

**If “Yes” Please specify**

- .....
- .....
- .....

**Third: Information about integrity and Adequacy**

**1) Have you ever been convicted of an offence involving moral dishonesty or contravention of laws in the Kingdom or any other country?**

<b>Yes</b>	
<b>No</b>	

**If “Yes” list the country in which you have been convicted, type of offence or crime, date of conviction and penalty imposed against you.**

- .....
- .....
- .....

**2) Have you ever been subjected to a Judicial order or settlement under civil proceedings related to investment or commercial or financial business or misconduct or misappropriation of funds in the Kingdom or any other Country?**

<b>Yes</b>	
<b>No</b>	

**If “Yes” Please specify**

- .....
- .....
- .....

**3) Have you ever been in the Kingdom or in any other country, subject to interrogation, investigation or disciplinary action by a Government Agency or a Commercial entity?**

<b>Yes</b>	
<b>No</b>	

**If “Yes” Please specify**

- .....
- .....

• .....

4) **Have you ever been in the Kingdom or any other country, publicly or secretly warned or have signed an undertaking not to conduct certain work or have been publicly criticized or have been subject to judicial verdict based on claim from a supervisory or professional authority you are currently or have been previously a member of?**

<b>Yes</b>	
<b>No</b>	

**If “Yes” Please specify**

• .....  
• .....  
• .....

5) **Have you ever been involved with any Company or corporation whereby, their registration, membership, license for practicing trade / professional business was denied, cancelled, withdrawn, or stopped or dismissed by an organizational authority (Supervisory) or government authority in the Kingdom or any other country.**

<b>Yes</b>	
<b>No</b>	

**If “Yes” Please specify**

• .....  
• .....  
• .....

6) **Have you ever been denied the right of practicing trade or business or a profession requiring license, registration or authorization as a result of cancellation of the license or registration in the Kingdom or in any other country?**

<b>Yes</b>	
<b>No</b>	

**If “Yes” Please specify**

• .....  
• .....  
• .....

7) Have you ever been a manager or partner or involved in the management of a commercial entity that has been subject to bankruptcy, liquidation or placed under trusteeship during the period you had a relationship therewith or during one year of such relationship.

Yes	
No	

If "Yes" Please specify

- .....
- .....
- .....

8) Have you ever been terminated or requested to resign or resigned from a position of attorney, trustee or a similar position in the Kingdom or any other country?

Yes	
No	

If "Yes" Please specify

- .....
- .....
- .....

9) Have you ever been declared incompetent as a manager or to work in a management capacity?

Yes	
No	

If "Yes" Please specify

- .....
- .....
- .....

**10) Have you ever failed to settle a debt due and payable under a Judgement issued by a court in the Kingdom or any other country or have you ever made any compromise arrangement or settlement with your creditors during the last 10 years?**

<b>Yes</b>	
<b>No</b>	

**If “Yes” Please specify**

- .....
- .....
- .....

**11) Have you ever been convicted as bankrupt by a court in the Kingdom or other country or have you ever submitted a petition of bankruptcy?**

<b>Yes</b>	
<b>No</b>	

**If “Yes” Please specify**

- .....
- .....
- .....

**Fourth: Other Additional Information**

- 1) **Number of shares you are holding in this Company registered in your name or in the name of party related to you?**

**If the shares are registered in the name of a party related to you, please state the names.**

<b>No. of Shares</b>	<b>Name of the Company</b>

- 2) **Number of shares “Not registered in your name or in the name of a party related to you” in this Company which concern you or concern a party related to you from a beneficial point of view?**

<b>No. of Shares</b>	<b>Name of the Company</b>

**3) Do you or any party related to you hold any shares in this Company as a trustee or Attorney in fact? Specify.**

No. of Shares	Name of Company

**4) Is any of the shares of this Company mentioned in your answers for questions 1, 2 and 3 charged to the account of another party or legally pledged? Please give details.**

No. of Shares	Name of the Company

**ACKNOWLEDGEMENT**

I hereby acknowledge that I have reviewed and read the Cooperative Insurance Companies Control Law and implementing rules and am aware that it is a sanctionable offence under the terms of this Law and its implementing rules to knowingly or recklessly provide to SAMA or any other person any information which is false or misleading in connection with the conduct of business in Saudi Arabia.

I also acknowledge that the information given in answer to this questionnaire is complete and accurate and that there are no other relevant significant information which are not through the answers disclosed to this Questionnaire.

I undertake that I will notify SAMA, of any material changes affecting the completeness or accuracy of the answers to this questionnaire within a maximum period of 21 days from the day of obtaining the information and the occurrence of the change, In case of submitting incorrect or false information, I shall be responsible for any penalties stipulated in the Insurance Law and its Implementing Regulations.

Date:     /     /

Name: .....

Signature: .....

Position: .....

Date:     /     /

**Attestation by the Company**

Name of the Company: .....

Authorized Company's officer: .....

Signature: .....

Position: .....

Date:     /     /

<b>Name of the Company</b>	
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**List of the names of the Chairman, members of the board of Directors, Managing Directors and Executive Officers as of 31 / 12 /**

**1) The Chairman and Members of the Board of Directors.**

<b>No.</b>	<b>Name</b>	<b>Main Position</b>	<b>Date of Appointment</b>	<b>Other Position (s) held</b>	<b>Years of employment in the Company</b>

**2) The Managing Director and Executive officers.**

<b>No.</b>	<b>Name</b>	<b>Position</b>	<b>Date of Appointment</b>	<b>Other Position (s) held</b>	<b>Years of employment in the Company</b>