



FORM 1

SHAREHOLDER INFORMATION DETAILS

Date and Authorized Signatures of Member	
Stamp الختم	

Date:

Issuer Number:

Member Number:

Shareholder Number:

First Name (in Latin)	
Middle Name	
Last Name	
Name After Marriage	
Mother's name	
Residency (Y/N)	
Status (Married or Single)	
Sex:	Nationality:
Id or Passport Number:	Date of Issuance:
Place of Birth:	Date of Birth (day/month/year)
<i>Personal Address</i>	
Address:	P.O.Box
Street:	Building:
City:	Country:
Telephone 1:	Telephone 2:
Email:	Fax Number: