

**Appendix 1**

**Annual Declaration of Independence and Disclosure of Interests Form**

**Year \_\_\_\_\_**

**ANNUAL DECLARATION OF INDEPENDENCE**

**1. FOR NEW DIRECTOR APPOINTMENTS**

- 1.1 Please provide all information which may affect your independence (as defined in the Board of Directors' Charter).
- 1.2 Please disclose any amount (other than wages or salary) that has been paid or agreed to be paid to you in cash or shares or other consideration during the past \_\_\_\_ years for services rendered by you in connection with the Company.

**2. FOR CHANGE IN DIRECTOR'S INDEPENDENCE STATUS**

- 2.1 Please provide all information which may have affected your independence.
- 2.2 Please disclose any amount (other than wages or salary) that has been paid or agreed to be paid to you in cash or shares or other consideration during the past \_\_\_\_ years for services rendered by you in connection with the Company.

Number of Attachments

I declare that to the best of my knowledge and belief: save as set out in the attached disclosure of interests form, I or my dependents have no direct or indirect interest in any of the businesses with which Mumtalakat is involved in any capacity whatsoever.

I also acknowledge and accept that this undertaking will be kept by the Company Secretary for Mumtalakat.

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Signature of Declarer	Name in block letters	Date	Place
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Signature of Mumtalakat's Board Secretary	Name in block letters	Date	Place
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**Appendix 2**

**DISCLOSURE OF INTEREST FORM**

**1. DIRECTOR DETAILS (1)**

Name of Person:
Functional Relationship with Mumtalakat:
Marital Status:
Spouse Name: Business Occupation: Details of Office/Position:
Complete Residential Address:
Nationality:
Date of Birth:
Contact Details:

**2. DETAILS OF CORPORATIONS IN WHICH THE PERSON EXERCISES INFLUENCE (2)**

CPR/IN (3)										Name	Address	Starting Date	Ending Date	Reason

**3. DETAILS OF INTERESTS IN COMPETITORS OF MUMTALAKAT'S PORTFOLIO COMPANIES**

Name of Securities	Amount of Security	Date of Ownership	% of Ownership	Mode of Ownership (Direct / Indirect)	Nature of Indirect Ownership

**4. DETAILS OF CONTRACTUAL DEALINGS WITH MUMTALAKAT'S PORTFOLIO COMPANIES OR THEIR COMPETITORS**

Name of Contract	Nature of Contract	Tenure of Contract		Value of Contract	Any Other Details
		From	To		

**5. DETAILS OF TRUSTEESHIP WITH ANY TRUSTS DOING BUSINESS WITH MUMTALAKAT**

Name of Trust	Nature of Business	Membership / Relationship Type	Start Date of Association with the Trust	Details of Family Member's potential interest in the Trust ( if any)

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**6. DETAILS OF PERSONS UNDER GUARDIANSHIP AND CONNECTED PERSON (4)**

CPR/IN (1)										Name	Address	Starting Date	Ending Date	Reason

**7. ANY OTHER DETAILS**

Name of Ownership / Interests	Date of Ownership	Volume	Price	Nature of Ownership	Any other Details

Number of Attachments

The above statement reflects all the known areas of potential conflict of interest known to me as a Director / Management Member / Employee of Bahrain Mumtalakat Holding Company BSC (c). Should any other situations arise or any material change in the facts set out in this notice, I undertake to declare them as soon as they become known to me.

I also undertake to declare my financial or personal interest at any meeting of Mumtalakat that I attend.

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Signature of Declarer

Name in block letters

Date

Place

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Signature of Mumtalakat's Compliance Officer

Name in block letters

Date

Place

**NOTE:**

To help select the appropriate response, use the following instructions/ references:

**(1) THE BASIS OF WHICH THE PERSON IS SUBJECT TO THE DISCLOSURE REQUIREMENT**

Chairman of the board of directors

Member of the board of directors

Managing director

CEO/ GM

Employee providing services related to the issue of securities

Member of senior management (give title)

Other to be specified

**(2) CORPORATIONS IN WHICH THE PERSON EXERCISES INFLUENCE**

Chairman of the board of directors  
Partner in a general partnership  
Member of the board of directors  
Partner in a limited partnership  
CEO/GM  
Auditor  
Member of the company's Supervisory Committees  
Member of Audit team with the main responsibility for an audit  
Member of senior management  
Other criteria/ positions

### (3) CPR/IN NUMBER

For individual Bahrainis and non-Bahraini residents, use the Central Population Registration number (CPR).  
For non-resident non-Bahraini individuals, use the unique number equivalent to the CPR.  
For Legal entities use the Commercial Registration No. with Ministry of Commerce, or equivalent for non-Bahraini entities.

### (4) GUARDIANSHIP AND CONNECTED PERSONS

Minor under guardianship or control  
Spouse/husband  
Person declared legally incompetent by a court  
Other connected persons under the person's control