| n |    |    | 1   |   |
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| В | ar | co | ิเต | e |



# Account Opening Application Form for Business Entities

|                     |             | -           | nit a rec   | _               | _          |              | ount fo   | or our (  | organiz             | ation a           | t Meet     | thaq as        | per th     | e detail     | ls giver   | n below  | 7.    |
|---------------------|-------------|-------------|-------------|-----------------|------------|--------------|-----------|---|---------------------|-------------------|------------|----------------|------------|--------------|------------|----------|-------|
| Please              | specify     | the rea     | sons for    | openin          | g the ac   | count        |           |   |                     |                   |            |                |            |              |            |          |       |
|                     |             |             |             |                 |            |              |           |   |                     |                   |            |                |            |              |            |          |       |
| *Org                | ganizatio   | on Deta     | ils         |                 |            |              |           |   |                     |                   |            |                |            |              |            |          |       |
| Organiz             | zation N    | ame in E    | Inglish or  | Arabic (        | As per the | official doc | ument max | ximum 35 c  | haracters)          |                   |            |                |            |              |            |          |       |
|                     |             |             |             |                 |            |              |           |   |                     |                   |            |                |            |              |            |          |       |
|                     |             |             |             |                 |            |              |           |   |                     |                   |            |                |            |              |            |          |       |
| Com                 | mercial R   | egistratio  | n (CR) Nu   | mber            |            |              |           |   | Establi             | shment /          | Incorpo    | ration D       | ate        |              |            |          |       |
| CR Is               | ssue Date   | :           |             |                 |            |              |           |   | CR Ex               | oiry Date         |            |                |            |              |            |          |       |
| Auth                | orized Ca   | pital       |             |                 |            |              |           |   | Project             | ed Annua          | al Turnov  | ver            |            |              |            |          |       |
| Issue               | d Capital   |             |             |                 |            |              |           |   | Paid u <sub>l</sub> | Capital           |            |                |            |              |            |          |       |
| Total               | Number      | of Emplo    | yees        |                 |            |              |           |   | Source              | of Funds          |            |                |            |              |            |          |       |
| Legal               | Entity Ty   | ype         |             |                 | ПНо        | me busine    | ess       |   | On                  | e Person          | Compan     | у              |            | Gen          | eral parti | nership  |       |
|                     |             |             |             |                 | Lin        | nited Liab   | ility Com | pany  |                     | olic Joint<br>OG) | Stock Co   | mpany          |            | Clos<br>(SAC |            | Stock Co | mpany |
| Company Nationality |             |             |             | ☐ Local Company |            |              |           | Foreign Company / Branch of an International Company (Certification of required documents for non-resident companies) |                     |                   |            |                |            |              |            |          |       |
| Value               | Added Ta    | ax (VAT)    | Registratio | n Numbe         | r (12 Chai | acter exam   | ple OM110 | )000XXXX)   | Provide V           | AT Registr        | ation Cert | ificate (if ap | oplicable) |              |            |          |       |
| 0                   | М           |             |             |                 |            |              |           |   |                     |                   |            |                |            |              |            |          |       |
| VAT I               | Registratio | on date:    |             |                 |            |              |           |   | VAT E               | xpiry date        | ::         |                |            |              |            |          |       |
| Cust                | tomer I     | nformat     | ion         |                 |            |              |           |   |                     |                   |            |                |            |              |            |          |       |
| - C 430             |             |             |             |                 |            |              |           |   |                     |                   |            |                |            |              |            |          |       |
| Are yo              | ou an exis  | sting custo | omer?       |                 |            |              | Yes       | S   | □No                 |                   |            |                |            |              |            |          |       |
| If you              | selected    | yes, Pleas  | e provide   | account r       | umber.     |              |           |   |                     |                   |            |                |            |              |            |          |       |
| Provid              | de Accour   | nt No:      |             |                 |            |              |           |   |                     |                   |            |                |            |              |            |          |       |
| *I                  | 4:/         | D1          | l Addres    |                 |            |              |           |   |                     |                   |            |                |            |              |            |          |       |
|                     |             | rnysica     | 1 Addres    | S               |            |              |           |   | 777711              |                   |            |                |            |              |            |          |       |
| Regio               | on          |             |             |                 |            |              |           |   | Willay              |                   |            |                |            |              |            |          |       |
| City,               | / Village   |             |             |                 |            |              |           |   | Buildi              | ng Numb           | er         |                |            |              |            |          |       |
| Land                | mark (If a  | pplicable)  |             |                 |            |              |           |   |                     |                   |            |                |            |              |            |          |       |
| Post                | al Addr     | ess and     | Contact     | Inform          | ation      |              |           |   |                     |                   |            |                |            |              |            |          |       |
| Posta               | l Box       |             |             |                 |            |              |           |   | Postal              | Code              |            |                |            |              |            |          |       |
| Posta               | l City      |             |             |                 |            |              |           |   | Email               | Address*          |            |                |            |              |            |          |       |
| Land                | line Num    | ıber        |             |                 |            |              |           |   | Mobil               | e Number          | r*         |                |            |              |            |          |       |

\*\*Note: The email address and mobile number provided will be the default. \*For any communication, including the receipt of electronic bank statements. (Please write the email address in a clear hand writing as mentioned in the letter head) For products specific notifications, please fill up the specified forms. (Communication Form/Indemnity for Government & Corporate Customer)

1 of 12



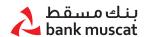






| *Select Type Of Industry  |   |                        |  |          |                    |   |      |  |  |
|---|---|------------------------|--|----------|--------------------|---|------|--|--|
| Please select the type of products / services that your organization  | anization offers  | s from the specified l | ist below  |          |                    |   |      |  |  |
| Agriculture / Allied Services   | Constru   | uction Contractors     |  |          | ☐ Travel &         | x Ticketing   |      |  |  |
| ☐ IT Services Companies   | ☐ Manufa  | acturing Process       |  |          | Real Estate Agents |   |      |  |  |
| Retail Trader   | Services  | S                      |  |          | ☐ Financi          | al Institution / Banks  |      |  |  |
| ☐ Wholesale Import Export   | Mining  |                        |  |          | ☐ Money            | Exchange  |      |  |  |
| Government Companies  | ☐ Hyperm  | narkets / Supermarke   | ets  |          | Heavy M            | Machinery & Equipmen  | nt   |  |  |
| Oil / Gas Petroleum   | Commo   | odity / Metal Tradin   | g  |          | ☐ Buildin          | g Materials   |      |  |  |
| Offshore Companies  | ☐ Export  | / Import               |  |          | Other (            | Please Specify)   |      |  |  |
| ☐ Hospitals / Educational   | ☐ Hotels  | Restaurants Recreation | on   |          |                    |   |      |  |  |
| ☐ Investment / Brokerage House  | ☐ Professi  | onal Services          |  |          |                    |   |      |  |  |
|   |   |                        |  |          |                    |   |      |  |  |
| *Account Details  |   |                        |  |          |                    |   |      |  |  |
| Please select the account type suitable to your operations  | (An explanation   | on given below for re  | ference and m  | ore info | rmation availab    | ble at the branch)  |      |  |  |
| Corporate Current Account (Small Medium I   | Enterprise/La   | arge Corporate)        | Call Account   |          |                    |   |      |  |  |
| Whether you are a SME, a Large Corporate or any business a Meethaq Corporate Current Account, which is your gateway to a includes convenient digital services, customized business final convenience of a dedicated Account Relationship Manager. | wide range of fir   | nancial solutions that | Specially designed to meet your dynamic business requirements where y and control of your funds 24/7 through Meethaq's state of the art C and at the same time, earn attractive returns on your funds. The Call Ac on the concept of Mudaraba where funds are invested to generate profi Mudaraba pool. Call Account will only be available in OMR currency. |          |                    | art Online Banking<br>all Account is based<br>profit as part of the |      |  |  |
| Account Currency OMR AED EUR  | GBP US  | SD                     |  |          |                    |   |      |  |  |
| A 1152 1 D 2  |   |                        |  |          |                    |   |      |  |  |
| Additional Requirements   |   |                        |  |          |                    |   |      |  |  |
| Would you like to request a Cheque book for this accou  | int?  | Yes                    |  | □ No     | )                  |   |      |  |  |
| Number of Cheque leaves required (please select)  |   |                        |  | <u> </u> | )                  | □ 25  | □ 10 |  |  |
| What is the preferred language of communication?  |   |                        |  | ☐ Arabic |                    |   |      |  |  |
| Disclaimer: for products specific notifications please fill up  | Disclaimer: for products specific notifications please fill up the specified forms. (Communication Form/Indemnity for Government & Corporate Customers) |                        |  |          |                    |   |      |  |  |







# Owner(s) Shareholder(s) Details & Politically Exposed Person (PEP)

Please fill in the details of the shareholders of the company. If any of the shareholders is a PEP, please tick the box.

| No. | Name of Shareholder | Nationality | Resident ID / Passport No. | Date of Birth | % of Shareholding | PEP<br>(Politically Exposed Person) |
|-----|---------------------|-------------|----------------------------|---------------|-------------------|-------------------------------------|
| 1   |                     |             |                            |               |                   | Yes No                              |
| 2   |                     |             |                            |               |                   | Yes No                              |
| 3   |                     |             |                            |               |                   | Yes No                              |
| 4   |                     |             |                            |               |                   | Yes No                              |
| 5   |                     |             |                            |               |                   | Yes No                              |
| 6   |                     |             |                            |               |                   | Yes No                              |
| 7   |                     |             |                            |               |                   | Yes No                              |
| 8   |                     |             |                            |               |                   | Yes No                              |
| 9   |                     |             |                            |               |                   | Yes No                              |
| 10  |                     |             |                            |               |                   | ☐ Yes ☐ No                          |
| 11  |                     |             |                            |               |                   | ☐ Yes ☐ No                          |
| 12  |                     |             |                            |               |                   | Yes No                              |
| 13  |                     |             |                            |               |                   | Yes No                              |
| 14  |                     |             |                            |               |                   | Yes No                              |
| 15  |                     |             |                            |               |                   | Yes No                              |

# Note:

Refer to notes in page 11 for documentation requirements.

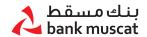
### PEP (Politically Exposed Person/Prominent Position)

PEP means currently or was formerly entrusted with a prominent public function in any country. This includes currently or formally serving direct relative or "Family Members". Family Members includes parent, child, spouse, sibling, in law and in case of step parent - spouse, adopted child, step-child, adopted sibling, step-sibling and in laws. "Close Associates" means a colleague, personal advisor, business partner, or any individual that has a close business relationship with a PEP.

- · Head of Government, President, Prime Minister, Minister and their deputies or any other equivalent position
- · Advisors/Consultants of the Head of State, Prime Ministers, Minister and other equivalent position or bodies affiliated to Head of Government
- Head and assistant of religious groups
- Important political party officials (Head, Secretary General)
- Any appointment based on Royal Decree
- · Member of the Royal Family
- Rank of Colonel and above (Army, Navy, Air force, Royal Oman Police, intelligence, investigation or law enforcement agency)
- Board members, President, Senior executive upwards (i.e. Vice President) of Central Banks
- Board members, Directors (CEO), Deputy Directors of Government owned company
- Ambassador, Counselor, First Secretary, Charges d'affairs or Embassy Attache'
- Member of parliament, Shura Council, Oman Council, State council; or any equivalent body
- Judges of all Court level
- Board members, Directors (CEO), Deputy Director of an international organization (such as United Nations (UN), World Health Organization (WHO),

The United Nations Educational, Scientific and Cultural Organization (UNESCO) etc.







| Political Exposed Person (PEP) Declaration PEP Family Member and Close Associates should at least have answer for the following questions (for illustrative purpose only): |
|--|
| 1. Are any of the company's shareholders a current or former politically exposed person?   |
| ☐ Yes ☐ No   |
| If yes, a: Omani PEP Foreign PEP International Organization PEP NGO  |
| 2. Are any of the company's shareholders a Family Member of a current or former PEP?   |
| ☐ Yes ☐ No   |
| 3. Are any of the company's shareholders a Close Associate of a current or former PEP?   |
| ☐ Yes ☐ No   |
| If yes, Please describe relation with the PEP:   |

### Politically Exposed Person (PEP) Details

If you have specified any of the shareholders as PEP based on the defined criteria then please provide name and position of the Close Associate / Family Member as per below:

| No. | Name | Position | Period From - to |
|-----|------|----------|------------------|
| 1   |      |          |                  |
| 2   |      |          |                  |
| 3   |      |          |                  |
| 4   |      |          |                  |
| 5   |      |          |                  |

# **Authorized Signatories**

Please list the individuals who are authorized to open and operate the account on behalf of the Organization, whose authorities shall be in accordance with the resolution provided by the Organization to the Bank.

| No. | Name | Nationality | ID/Residence Card /<br>Passport Number | Date of Birth | Specimen Signature | Singly/ Jointly |
|-----|------|-------------|--|---------------|--------------------|-----------------|
| 1   |      |             |  |               |                    |                 |
| 2   |      |             |  |               |                    |                 |
| 3   |      |             |  |               |                    |                 |
| 4   |      |             |  |               |                    |                 |
| 5   |      |             |  |               |                    |                 |

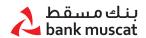
# Sample authorizations that may be included in resolutions:

- 1. To perform any dealings in relation to bills of exchange whether inland, foreign, telegraphic, usance, at sight, to order, etc., and/or otherwise and to accept or refuse bills drawn on the Company.
- 2. To accept, endorse and instruments, promissory notes, inland bills, foreign bills, and/or other commercial instruments.
- 3. To open and amend letters of credit and accept or refuse discrepancies in respect thereof, to apply for financing against security and/or without security, to hypothecate and mortgage property, whether movable or immovable.
- 4. To open and operate current/deposit accounts in local and/or foreign currency, to issue cheques, to endorse cheques and to collect the amounts thereof.
- 5. To draw cheques on the Company's account(s) even if such drawing or drawings create overdrafts in the said account(s), but without prejudice to the Bank's right to refuse to allow any overdraft.
- 6. To sign letters, and issue receipts and indemnities.
- 7. To issue guarantees and undertakings and to request the Bank to issue guarantees and undertakings.
- 8. To take delivery of documents, guarantees, instruments, invoices and bills of lading in respect of goods consigned to the Company.
- 9. To enter into contracts with the Bank for sharia compliant sale and/or purchase of currencies.
- 10. To issue instructions for transfer of funds.
- 11. To confirm the correctness of account balances.

The above authorizations are suggestive, the Organization shall have the discretion to add or remove any of the authorizations, where appropriate, in order to accommodate the Organization's requirements. Furthermore, the Organization is required to present a valid resolution to the Bank which must be submitted along with the Account Opening Form. Notwithstanding the foregoing, the authorizations stipulated in the resolution shall take precedence over the authorizations selected in the Account Opening Form.



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# Appendix (A) \*US INDICIA (FATCA) Entity Self Certification Form

For Foreign Account Tax Compliance Act (FATCA) purposes, all entities (i.e. corporates and financial institutions) must be classified into specific categories. Please indicate which category applies to your entity by ticking only one "Yes" of the following.

Note: This section is only applicable for corporates which are not Sole Proprietorships/ One Person Company.

| ****   | . / 1 1                 |             |                   |         |          |             |          |          |            |           |          |         |
|--|-------------------------|-------------|-------------------|---------|----------|-------------|----------|----------|------------|-----------|----------|---------|
| US Corporates & US Financial Institut  | ions (Tick the app      | propriate   | e box ple         | ease)   |          |             |          |          |            |           |          |         |
| 1. Are you a US National / Citizen?  |                         |             |                   |         | ☐ Y      | es          |          |          | □ No       | 0         |          |         |
| 2. Are you a US resident who is not a US Nation  | al / Citizen?           |             |                   |         | ☐ Y      | es          |          |          | ☐ No       |           |          |         |
| NI LIGHT THE COLUMN  |                         |             |                   |         |          |             |          |          |            |           |          |         |
| Non-US Financial Institutions  |                         |             |                   |         |          |             |          |          |            |           |          |         |
| 3. Are you a Financial Institution in an Inter-Gover   | nmental Agreement (IG   | GA) Count   | try               |         | ☐ Y      | es          |          |          | □ No       | 0         |          |         |
| 4. Are you a Participating Non-US Financial Insti  | itution?                |             |                   |         | Ye       | es          |          |          | □ No       | )         |          |         |
| 5. Are you a Deemed Complaint Non-US Financ  | ial Institution?        |             |                   |         | ☐ Y      | es          |          |          | □ No       | )         |          |         |
| A. Registered Deemed Compliant?  |                         |             |                   |         | ☐ Y      | es          |          |          | □ No       | )         |          |         |
| B. Certified Deemed Compliant?   |                         |             |                   |         | Yes      |             |          |          | □ No       |           |          |         |
| 6. Are you a Non-Participating Non-US Financial  | Institution?            |             |                   |         | ☐ Y      | es          |          |          | □ No       | )         |          |         |
| Exempt Entities  |                         |             |                   |         |          |             |          |          |            |           |          |         |
|  |                         |             |                   |         |          |             |          |          | 1          |           |          |         |
| 7. Are you an Exempt Beneficial Owner?   |                         |             |                   |         | ☐ Y      | es          |          |          | □ No       | O         |          |         |
| If you have responded to any of the above question   | ons (1 to 7) as YES, th | en please 1 | provide a '       | W-8 BEN | form or  | n behalf of | the cor  | porate.  |            |           |          |         |
| Other Entities   |                         |             |                   |         |          |             |          |          |            |           |          |         |
| Please tick box if your entity does not fall under   | any of the above        |             |                   |         |          |             |          |          |            |           |          |         |
| Please provide in full the details requested in the tab<br>purposes, who hold more than 10% stake in the Nor |                         |             |                   |         | dividual | s who are   | either a | US citiz | en or a re | esident i | n the US | for tax |
| US Controlling Person's Name (1)   |                         |             |                   |         |          |             |          |          |            |           |          |         |
| Apartment / Suite Number   |                         |             |                   |         | Build    | ing Name    | / Num    | ber      |            |           |          |         |
| Street Name  | ne                      |             |                   |         |          | City        |          |          |            |           |          |         |
| State  |                         |             | Postal / Zip Code |         |          |             |          |          |            |           |          |         |
| US Tax Identification Number (TIN) of the individual US Controlling Person                                   |                         |             |                   |         |          |             |          |          |            |           |          |         |







| US Controlling Person's Name (2)   |  |  |  |      |                        |         |         |     |  |  |  |  |
|--|--|--|--|------|------------------------|---------|---------|-----|--|--|--|--|
| Apartment / Suite Number   |  |  |  |      | Buildi                 | ng Nam  | e / Num | ber |  |  |  |  |
| Street Name  |  |  |  | City |                        |         |         |     |  |  |  |  |
| State  |  |  |  |      | Postal                 | / Zip C | ode     |     |  |  |  |  |
| US Tax Identification Number (TIN) of the individual US Controlling Person                                       |  |  |  |      |                        |         |         |     |  |  |  |  |
| US Controlling Person's Name (3)   |  |  |  |      |                        |         |         |     |  |  |  |  |
| Apartment / Suite Number   |  |  |  |      | Building Name / Number |         |         |     |  |  |  |  |
| Street Name  |  |  |  |      | City                   |         |         |     |  |  |  |  |
| State  |  |  |  |      | Postal                 | / Zip C | ode     |     |  |  |  |  |
| US Tax Identification Number (TIN) of the individual US Controlling Person                                       |  |  |  |      |                        |         |         |     |  |  |  |  |
| If you have specified any US controlling person, then please provide a W8-BEN-E form on behalf of the corporate. |  |  |  |      |                        |         |         |     |  |  |  |  |
| Appendix (B) Common Reporting Standard (CRS)   |  |  |  |      |                        |         |         |     |  |  |  |  |

Please complete this self-certification form carefully. All information requested on the form is mandatory and need to be completed in full. You may wish to consult your tax /legal advisor to complete this Form.

| Part 1 - CRS Entity Type  |   |                      |      |  |  |  |  |  |  |  |  |
|---|---|----------------------|------|--|--|--|--|--|--|--|--|
|   | (A) Sole Proprietorships/ One Person Company  |                      |      |  |  |  |  |  |  |  |  |
| A   | re you a tax resident outside Oman? (If you answer Yes, skip to Part 2)   | ☐ Yes                | ☐ No |  |  |  |  |  |  |  |  |
| (B) Other Entity Types/LLCs/SAOC/SAOGs/Govt. Entities/International Bodies/FI/Bank(s) |   |                      |      |  |  |  |  |  |  |  |  |
| Select the entity type and sub-entity type from the list provided below:              |   |                      |      |  |  |  |  |  |  |  |  |
| 1)  | Financial Institution   |                      |      |  |  |  |  |  |  |  |  |
|   | (a) Investment Entity (If you ticked this, select the Investment Entity type below)   |                      |      |  |  |  |  |  |  |  |  |
|   | (i) In Investment Entity located in a Non-Participating Jurisdiction and managed by   |                      | (1)  |  |  |  |  |  |  |  |  |
|   | If you selected this, please provide Global Intermediary Identification Number (GIIN) if held and move to part (3)  |                      |      |  |  |  |  |  |  |  |  |
|   | (ii) Other Investment Entity  | om v st. 11          |      |  |  |  |  |  |  |  |  |
|   | If you selected this, please provide Global Intermediary Identification number (  | GIIN) if held:       |      |  |  |  |  |  |  |  |  |
|   |   |                      |      |  |  |  |  |  |  |  |  |
|   | (b) Depository Institution, Custodial Institution or Specified Insurance Company (If you selected this, please provide Global Intermediary Identification number (GIIN)   | if held):            |      |  |  |  |  |  |  |  |  |
| 2)  | Active NFE (Non-Financial Entity)   |                      |      |  |  |  |  |  |  |  |  |
|   | (a) Corporation (If you ticked this, select the type of corporation below)  |                      |      |  |  |  |  |  |  |  |  |
|   | (i) Stock regularly traded on an established securities market.  (Provide the name of the established securities market on which the corporation  | is regularly traded) |      |  |  |  |  |  |  |  |  |
|   | (Provide the name of the established securities market on which the corporation is regularly traded)  [ (ii) Related entity of such a regularly traded corporation.  (Please provide the name of the regularly traded corporation that the Entity is a Related Entity of) |                      |      |  |  |  |  |  |  |  |  |



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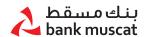


|   | (iii) Government Entity or Central I   | Bank (If you have selected this  | hen skip to Part 2 – TIN Details)             |                              |  |  |  |  |  |  |
|---|--|----------------------------------|---|------------------------------|--|--|--|--|--|--|
|   | (iv) International Organization (If yo   | ou have selected this then skip  | to Part 2 - TIN Details)                      |                              |  |  |  |  |  |  |
|   | (v) Start-up NFE or a nonprofit NFE (If you have selected this then skip to Part 2 - TIN Details)  |                                  |   |                              |  |  |  |  |  |  |
| 3)  | Passive NFE (Non-Financial Entity) (Note: A NFE will be deemed a Passive NFE if more than 50% of the NFE's gross income for the preceding calendar year or appropriate reporting period is passive income or the assets held by the NFE during the same period are assets) that produce or are held for the production of passive income.  (if you have selected 1 (a) ,(i) or 3 than move to part 3 - (Identification of controlling person).   |                                  |   |                              |  |  |  |  |  |  |
|   |  |                                  |   |                              |  |  |  |  |  |  |
| Pa  | rt 2 - Taxpayer Identification Number  | r or equivalent number*          | (TIN) Details                                 |                              |  |  |  |  |  |  |
| If the  | complete the following table indicating (i) wher<br>controlling person is tax resident in more than<br>N is unavailable please provide the appropriate   | three countries/jurisdictions, p |   | ntry/jurisdiction indicated. |  |  |  |  |  |  |
| • Rea   | <ul> <li>Reason A - The country/jurisdiction where the controlling person is resident does not issue TINs to its residents.</li> <li>Reason B - The controlling person is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason).</li> <li>Reason C - No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).</li> </ul> |                                  |   |                              |  |  |  |  |  |  |
| Country/Jurisdiction of tax residence (to be filled if country/jurisdiction of tax residence is other than Oman)  If no TIN available, select reason A, B or C as explained above |  |                                  |   |                              |  |  |  |  |  |  |
| 1.  |  |                                  | ☐ Reason A, ☐ Reason B<br>☐ Reason C          | ,                            |  |  |  |  |  |  |
| 2.  |  |                                  | ☐ Reason A, ☐ Reason B<br>☐ Reason C          | ,                            |  |  |  |  |  |  |
| 3.  |  |                                  | Reason A, Reason B                            | ······,                      |  |  |  |  |  |  |
|   | Please explain in the followi  | ng boxes why you are unable to   | o obtain a TIN if you selected Reason B above |                              |  |  |  |  |  |  |
| 1.  |  |                                  |   |                              |  |  |  |  |  |  |
| 2.  |  |                                  |   |                              |  |  |  |  |  |  |
| 3.  |  |                                  |   |                              |  |  |  |  |  |  |
| Pa  | rt 3- Identification of Controlling Per  | rson (as in the Passport /       | Civil ID)                                     |                              |  |  |  |  |  |  |
|   | me of controlling person (as in the passport / 0   |                                  |   |                              |  |  |  |  |  |  |
| Tit   | le   |                                  | First Name                                    |                              |  |  |  |  |  |  |
| Mi  | ddle Name(s)   |                                  | Family Name                                   |                              |  |  |  |  |  |  |
| Da  | Date of Birth Town/City of Birth   |                                  |   |                              |  |  |  |  |  |  |



Country of Birth







| $D_{I}$ | C | Residence | A J J |
|---------|---|-----------|-------|
|         |   |           |       |

| Building Number  | Street                |  |  |
|--|-----------------------|--|--|
| City / Village   | Province/County/State |  |  |
| Country  | ZIP Code              |  |  |
| C- Mailing Address:(Please complete if different from the Current Residence Address shown above) |                       |  |  |
| P.O. Box   | Postal Code           |  |  |
| Postal Office Location   |                       |  |  |

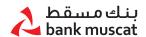
Please complete the following table indicating (i) where the controlling person is tax resident and (ii) the controlling person TIN for each country/jurisdiction indicated. If the controlling person is tax resident in more than three countries/jurisdictions please use a separate sheet If a TIN is unavailable please provide the appropriate reason A, B or C where indicated below:

- $\bullet \ \ Reason \ A-The \ country/jurisdiction \ where \ the \ controlling \ person \ is \ resident \ does \ not \ issue \ TINs \ to \ its \ residents.$
- Reason B The controlling person is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason).
- Reason C No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction

|   | ntry/Jurisdiction of tax residence<br>filled if country/jurisdiction of tax residence is other than Oman) | TIN | If no TIN available, select reason A, B or C as explained above |
|---|---|-----|---|
| 1.  |   |     | ☐ Reason A, ☐ Reason B, ☐ Reason C                              |
| 2.  |   |     | ☐ Reason A, ☐ Reason B, ☐ Reason C                              |
| 3.  |   |     | ☐ Reason A, ☐ Reason B, ☐ Reason C                              |
|   |   |     |   |
| Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above |   |     |   |

| Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above |  |  |  |
|---|--|--|--|
| 1.  |  |  |  |
| 2.  |  |  |  |
| 3.  |  |  |  |

| Please enter the legal name of the relevant entity controlling person of which you are a Controlling Person. |  |  |
|--|--|--|
| Legal Name of Entity 1   |  |  |
| Legal Name of Entity 2   |  |  |
| Legal Name of Entity 3   |  |  |
|  |  |  |





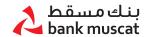
|    | Please provide the Controlling Person's Status by ticking the appropriate box   | Entity 1 | Entity 2 | Entity 3 |
|----|---|----------|----------|----------|
| 1  | Controlling Person of a legal person – control by Ownership.                    |          |          |          |
| 2  | Controlling Person of a legal person – control by other means.                  |          |          |          |
| 3  | Controlling Person of a legal person – senior managing official.                |          |          |          |
| 4  | Controlling Person of a trust - settlor.  |          |          |          |
| 5  | Controlling Person of a trust – trustee.  |          |          |          |
| 6  | Controlling Person of a trust - protector.                                      |          |          |          |
| 7  | Controlling Person of a trust – beneficiary.                                    |          |          |          |
| 8  | Controlling Person of a trust - other.  |          |          |          |
| 9  | Controlling Person of a legal arrangement (non-trust) – settlor-equivalent.     |          |          |          |
| 10 | Controlling Person of a legal arrangement (non-trust) - trustee-equivalent.     |          |          |          |
| 11 | Controlling Person of a legal arrangement (non-trust) - protector-equivalent.   |          |          |          |
| 12 | Controlling Person of a legal arrangement (non-trust) - beneficiary-equivalent. |          |          |          |
| 13 | Controlling Person of a legal arrangement (non-trust) - other-equivalent.       |          |          |          |

# Appendix (C) \*Customer Due Diligence (CDD)

| Please provide answers to | the following questions to er | nable a better understanding of the custome |
|---------------------------|-------------------------------|---|
|---------------------------|-------------------------------|---|

- 1. Nature of Customers business Customer needs to give detailed description of the underlying business / business activity.
- 2. Type of underling goods (food, medicines, construction / building materials, Apparels, Gift store etc.)
- 3. Whether customer's business will have any direct / indirect connections with high risk countries as per Bank Muscat Policy (Yes / No)
- 4. Whether the business will have underlying import / export? (Yes / No)  $\,$
- $5.\ Name$  of exporting countries (in case the company importing from)
- 6. Name of importing countries (in case the company exporting to)
- 7. If business is local then name of local entities
- 8. Provide copy of contracts with local entities
- 9. Name of suppliers
- 10. Provide copy of suppliers' contract agreements, if requested by the Bank.
- 11. Name of Buyers
- 12. Provide copy of buyers contract agreements, if requested by the Bank.
- 13. Whether there will be foreign currency payments from the account? (AED, USD, EUR, INR etc. Please specify)
- 14. Whether any intermediaries will be involved?
- 15. If reply to 14 is yes, then provide name of intermediaries with copy of CR giving shareholding details.
- 16. Full address in Oman, Provide copy of rental agreement of the shop / establishment / manufacturing unit.
- 17. Number of employees.







- 18. Source of Funds (Name of the Bank from where capital is going to come in.)\*
- a. No third party funds will be accepted;
- b. Funds should come from reputed banks;
- c. Funds from Money Exchange companies will not be accepted.
- 19. Total value of approximate monthly credits in the account
- 20. Total value of approximate monthly debits in the account
- 21. Total value of monthly salaries from the account
- 22. Name of supplier's banks (in case a payment sent to supplier)
- 23. Name of buyer's banks
- 24. Whether company has any associated / related companies in high risk countries as per Bank Muscat Policy
- 25. Whether company shareholders / signatories are having any shareholdings in high risk countries as per Bank Muscat Policy
- 26. Please provide name of company web site in high risk countries as per Bank Muscat Policy
- 27. Whether company shareholders has any related companies in the UAE

- 28. If reply to point no.27 is yes then please provide:
  - Name of Company in UAE
  - Commercial Registration Number:
  - · Name of shareholders:
  - Name of website
  - Name of bank account in UAE
  - · Whether account in UAE is active or closed
  - Date of closure of the UAE account

| Jurisdiction Name:                              |  |
|---|--|
| Name of Company in jurisdiction provided above: |  |
| Commercial Registration Number:                 |  |
| Name of Shareholders:                           |  |
| Name of Website:                                |  |
| Name of Bank Account:                           |  |
| Whether Account is active or closed:            |  |
| If closed, Date of Closure of the Account:      |  |

We confirm that the above information / details provided is true and correct. We shall indemnify Meethaq Islamic Banking-Bank Muscat against any actual loss, damage or claim, whether judicial or otherwise, incurred due to any false / incorrect / misrepresented facts / details provided as above

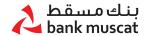
## Appendix (D) Declaration & Signature

- I/We hereby certify the information I/We have provided in this form is true, correct and complete, I/We confirm that under no circumstances shall the Bank, its employees or its contractors be liable for any direct, indirect, incidental, special, punitive or consequential damages that may result in any way from their reliance on the information I/We have provided.
- I/We shall indemnify Meethaq Islamic Banking-Bank Muscat against any actual loss, damage or claim whether judicial or otherwise, incurred due to any false / incorrect / misrepresented facts / details provided as part of the form the Company or change in ownership or name of signatories.
- I/We have provided this FATCA Self Certification willingly without advice or help from the Bank. I/We understand that providing false information, withholding relevant information or responding in a misleading way, may result in rejection of my/our application or other appropriate action taken against me.
- I/We confirm that the information of beneficial owners given is true and complete. I/We have read and obtained a copy of Terms and Conditions Governing Conduct of Accounts, which is also available in https://www.meethaq.om/en/about/Documents/Business\_EntityAccount\_Openning\_TC\_EN.pdf governing this application including delivery channels, and consent to receive marketing promotion and surveys from Meethaq Islamic Banking-Bank Muscat or affiliates/ partners, and agree to be bound by the same and any amendment thereto as may be made by the Bank from time to time. I/ We hereby confirm that the shareholders are the ultimate beneficial owners of the account.
- I/We understand If the account remains without operation over a reasonable period of time, the Bank has the right to close the account without notice from me.
- I/We understand that the information supplied by me/us is covered by the full provisions of the Conditions Governing Conduct of Accounts governing the Account Holder's relationship with Meethaq Islamic Banking-Bank Muscat setting out how Meethaq Islamic Banking-Bank Muscat may use and share the information supplied by me.
- · I/We acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.











• I/We undertake to advise Meethaq Islamic Banking-Bank Muscat within 30 days of any change in circumstances which affects the tax residency status of the Account Holder identified in FATCA section or CRS part 1, 2 or 3 of this form or causes the information contained herein to become incorrect or incomplete (including any changes to the information on controlling persons identified in Part 2 question 2a), and to provide Meethaq Islamic Banking-Bank Muscat with a suitably updated self-certification and Declaration within 90 days of such change in circumstances.

### Important:

- The proprietor must sign the application for opening of account in case of proprietorship form. In the case of partnerships/LLC, all the shareholders must sign the application for opening of account.
- The form shall not be accepted unless duly completed and accompanied by copies of the following documents as appropriate together with original documents for verification and return to the Company. The attached "Conditions Governing Conduct of Accounts" shall form integral part of this account opening documentation and I/We hereby irrevocably agree to abide by them.
- We undertake that the undersigned have the necessary power and the authority to sign on behalf of the Company this application form (and any other terms and conditions, whether in an account opening form or otherwise) and that all other formalities have been observed for the valid execution of such documentation.
- . We certify that the information contained herein is true and accurate and undertake to notify you immediately in writing of any future changes including change in legal status of the Company or change in ownership or name of signatories.

| Name | Signature               |
|------|-------------------------|
| Date | Capacity                |
| Name | Signature               |
| Date | Legal Capacity / Status |

# Checklist for Resident Companies

| Kindly confirm the documents that are attached with this application from the list below:  |
|--|
| Request letter printed on the company's letterhead signed by the company's authorized signatories and stamped  |
| Recent commercial registration certificate (CR) (Dated a maximum of one week before submission of the Account Opening Form)  |
| Oman Chamber of Commerce and Industry Membership Certificate   |
| Copies of ID/Passports for shareholders, directors, authorized signatories (ID for Omanis/passport & resident card for non-Omanis)   |
| Memorandum and Articles of Association for Joint Stock Companies (SAOG and SAOC companies)   |
| Constitutive contract for Limited Liability Companies and Sole Proprietor Company  |
| LLC - Written shareholders' resolution / full meeting minutes  |
| SAOG - Circular (written) board resolution, extract of meeting minutes, full meeting minutes   |
| SAOC - Circular (written) board resolution, extract of meeting minutes, full meeting minutes   |
| Sole proprietor - resolution signed by the sole proprietor + request letter signed by the authorized signatory   |
| Proof of physical address (By presenting one of the following documents: Rental agreement, Municipality authority certificate, copy of utility bills or copy of deed/ Mulkiya) |

# Checklist for Non Resident Companies (Attestation of documents required for Non-Resident Companies)

| Kindly confirm the documents that are attached with this application from the list below:   |
|---|
| Corporate documents such as certificate of incorporation.   |
| Memorandum and Articles of Association.   |
| $\begin{tabular}{l} \blacksquare Shareholders Resolution / Board Resolution / Minutes of the Board Meeting, as per the Articles of Association. \\ \end{tabular}$ |
| $\square$ Request letter printed on the company's letterhead signed by the company's authorized signatories and stamped.  |
| ☐ Valid passport copy of all of the shareholders.   |
| Embassy's original seen stamp maintained.   |
| $\square$ A Proof of company's physical address (By presenting any official document that shows the company name and address)                                     |
|   |

The Bank may request additional resolutions and/or corporate documents (commercial registration certificate/commercial license/articles/ memorandum of association) from the Organization and/or its shareholders, as required by the Bank.

- If shareholder is a company, then commercial registration, board/shareholders resolution and name of shareholder of that company must be provided.
- If shareholder is a listed company, then name of the stock exchange where the company is listed must be provided. Passport can be provided only if shareholder is non-resident.
- If shareholder is United States citizen /Tax Resident / Green Card Holder, holding 10% or more shares then W8-BEN-E form is to be provided for such shareholder.
- If shareholder is United States citizen / Tax Resident / Green Card Holder, holding 100% shares then W9 form is to be provided for such shareholder

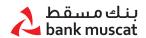




Pioneer of Islamic Banking in Oman

Version: 1.26/Nov/2023

11 of 12





# For Official use (Recommended by / Approved by)

| Branch Number                 | Branch Name     |  |
|-------------------------------|-----------------|--|
| Currency                      | Recommended by  |  |
| Name of Group (if applicable) | Account Officer |  |
| Industry code                 | Postal City     |  |
| Approved by                   |                 |  |
| Officer                       | Date            |  |
| Entity Full Registered Name   |                 |  |
| Account Number                |                 |  |

