

## Information Updating Form For Individuals

| Account Number: Sav  | vings □ Time Depos             | it 🗆 Other:     |                                    |  |  |  |
|--|--------------------------------|-----------------|------------------------------------|--|--|--|
| Personal Information First Name  | Father's Name                  | G.Father's Name | Family Name                        |  |  |  |
| Tilst Name   | Tatrier 3 Name                 | G.Father 3 Name | railing Name                       |  |  |  |
| Nationality: National Identificatio  Passport  ID#                                   |                                |                 |                                    |  |  |  |
| National Address   |                                |                 |                                    |  |  |  |
| P.O Box:  Street Name:  District:  Country:  Mobile Number                           |                                | City:           |                                    |  |  |  |
| Years In This Address  |                                |                 |                                    |  |  |  |
| □ Less than a year □ 1-5 Years □ More than 10 Years                                  |                                |                 |                                    |  |  |  |
| Address In Home Country For Non S  | audis                          |                 |                                    |  |  |  |
| P.O Box:  City:  Postal Code:  Home Number   |                                | District:       |                                    |  |  |  |
| Work Information  ☐ Government Empolyee (Civil) ☐ Businessman Position Empolyer Name | □ Government<br>□ Retired      |                 | □ Private Sector Employee □ Other: |  |  |  |
| Work Address   |                                |                 |                                    |  |  |  |
| P.O Box:  City:  Postal Code:  Phone/Direct:  Phone/Central:                         |                                |                 |                                    |  |  |  |
| If You Are Working For Your Own Business, Please Fill The Following                  |                                |                 |                                    |  |  |  |
| ☐ Less than a year NatureOfBusiness:   | Years Working For  ☐ 1-5 Years | ☐ 6-10 Years    | ☐ More than 10 Years               |  |  |  |

**Financial Information** 

| Total Annual Income In SAR   |                      |                            |                                |                              |  |  |  |
|--|----------------------|----------------------------|--------------------------------|------------------------------|--|--|--|
| Salaries:  | Less than 50,000     | □ 50,000 - 100,000         | □ 100,000 - 250,000            | ☐ More than 250,000          |  |  |  |
| Investments:   | Less than 50,000     | □ 50,000 - 100,000         | □ 100,000 - 250,000            | ☐ More than 250,000          |  |  |  |
| Others:  | Less than 50,000     | □ 50,000 - 100,000         | □ 100,000 - 250,000            | ☐ More than 250,000          |  |  |  |
| Please Indicate Source of Fur  | nds:                 |                            |                                |                              |  |  |  |
|  |                      |                            |                                |                              |  |  |  |
| Total Expected Annual Depos  | sits In SAR          |                            |                                |                              |  |  |  |
| Resources  |                      |                            |                                |                              |  |  |  |
| Salaries:  | Less than 50,000     | □ 50,000 - 100,000         | □ 100,000 - 250,000            | ☐ More than 250,000          |  |  |  |
| Investments:   | Less than 50,000     | □ 50,000 - 100,000         | □ 100,000 - 250,000            | ☐ More than 250,000          |  |  |  |
| Others:  | Less than 50,000     | □ 50,000 - 100,000         | □ 100,000 - 250,000            | ☐ More than 250,000          |  |  |  |
| Method of Receiving Income   |                      |                            |                                |                              |  |  |  |
|  | Transfer             | □ Cash                     | ☐ Cheque                       | ☐ Other                      |  |  |  |
| Secondary Income:  | Transfer             | □ Cash                     | ☐ Cheque                       | ☐ Other                      |  |  |  |
|  |                      | 7                          |                                |                              |  |  |  |
| Are you the real beneficiary of the a  |                      | No (If the answer is No, p | lease specify the real benefic | iary name and his authority) |  |  |  |
| The Real Beneficiary Name.   |                      |                            |                                |                              |  |  |  |
| ID number: His relation to the real beneficiary: His relation to the real beneficiary: |                      |                            |                                |                              |  |  |  |
| Issuance Date: / / Issuance Place:Expiry Date: / /                                     |                      |                            |                                |                              |  |  |  |
| Address:Phone Number:  |                      |                            |                                |                              |  |  |  |
|  |                      |                            |                                |                              |  |  |  |
| Reason For Dealing with Emi  | rates NRD And Uses o | of Account                 |                                |                              |  |  |  |
| Reason for Bearing With Emi  | rates NBB And Oses o | Account                    |                                |                              |  |  |  |
|  |                      |                            |                                |                              |  |  |  |
|  | Please Keep Signatu  | re Within The Box Using    | g Blue Ink Only                |                              |  |  |  |
|  |                      |                            |                                |                              |  |  |  |
|  |                      |                            |                                |                              |  |  |  |
|  |                      |                            |                                |                              |  |  |  |
|  |                      |                            |                                |                              |  |  |  |
| Namo:  |                      | Namo:                      |                                |                              |  |  |  |
| Name:  |                      | Name:                      |                                |                              |  |  |  |
| ☐ SINGLY   | ☐ A/C HOLDER         | □ SINGL                    | Y 🗆 A                          | VC HOLDER                    |  |  |  |
|  |                      |                            |                                |                              |  |  |  |
| LIMITS:  |                      | LIMITS:                    |                                |                              |  |  |  |
| INSTRUCTIONS:  |                      | INSTRUCTION                | <b>1</b> S:                    |                              |  |  |  |
| FOR BANK USE ONLY  |                      |                            |                                |                              |  |  |  |
| Signature Witnessed  | APPROVED BY          | INPUT B                    | Y VERIFIED B                   | Y DATE                       |  |  |  |
|  |                      |                            |                                |                              |  |  |  |