

SECURITIES TRADING ACCOUNT AGREEMENT (PARTIES DETAILS)

THIS SECURITIES TRADING ACCOUNT AGREEMENT IS MADE AND ENTERED INTO THIS....., .../.../....., BY AND BETWEEN:

FIRST: FIRST PARTY: (HEREINAFTER REFERRED TO AS THE "COMPANY")

AL ANSARI FINANCIAL SERVICES L.L.C.
 LICENSE NO. WITH SCA: 21 LICENSE DATE: 15 JANUARY 2005
 OF: EMIRATE OF ABU DHABI, CITY OF ABU DHABI, P.O. BOX: 39559
 TEL. NO.: 02-6968333 FAX NO.: 02-6968222
 AL SALAM STREET, AL ZIYARA BUILDING, OFFICE NO. (502, 503)
 DULY REPRESENTED BY: MOHAMMED ALI AL ANSARI

SECOND: SECOND PARTY: (HEREINAFTER REFERRED TO AS THE "INVESTOR")

1. INVESTOR CLASSIFICATION: NATURAL PERSON LEGAL PERSON

	INVESTOR'S NO. WITH ABU DHABI SECURITIES EXCHANGE "ADX":
	BROKERAGE ACCOUNT NO. WITH ABU DHABI SECURITIES EXCHANGE "ADX":
	INVESTOR'S NO. WITH DUBAI FINANCIAL MARKET:
	BROKERAGE ACCOUNT NO. WITH DUBAI FINANCIAL MARKET:
	INVESTOR'S FILE NO. WITH AL ANSARI FINANCIAL SERVICES CO.:

2. INFORMATION ABOUT THE INVESTOR:

FIRST: INVESTOR DETAILS:

1 NATURAL PERSON:

NAME OF INVESTOR IN FULL AS PER (PASSPORT/I.D. CARD):

NATIONALITY: FAMILY BOOK NO. (UAE NATIONALS): I.D./PASSPORT NO.: DATE OF ISSUE:

EXPIRY DATE: DATE OF BIRTH: DOMICILE: TYPE OF RESIDENCY (RESIDENT/NON-RESIDENT):

INVESTOR: EMPLOYEE BUSINESSMAN RETIREE UNEMPLOYED

EMPLOYER: JOB TITLE:/ FORMER EMPLOYER: JOB TITLE:

CORRESPONDENCE ADDRESS:

WORK TEL. NO.: MOB. NO.: FAX: P.O. BOX: E-MAIL:

COUNTRY: CITY: EMIRATE: STREET: BUILDING: LANDMARK:

*** DEALING CAPACITY:**

PERSONAL UNDER OFFICIAL POA LEGAL GUARDIAN CUSTODY/GUARDIANSHIP

INVESTOR'S SIGNATURE: COMPANY'S AUTHORIZED REPRESENTATIVE'S SIGNATURE:

NAME OF GUARDIAN/CUSTODIAN/TRUSTEE/ATTORNEY (AS APPLICABLE):
MOB. NO.: E-MAIL:
POWER OF ATTORNEY OR GUARDIANSHIP NO. & ISSUING AUTHORITY: COUNTRY:

ATTACHMENTS:

COPY OF PASSPORT & I.D. CARD COPY OF FAMILY BOOK POWER OF ATTORNEY IBAN LETTER INVOICE

b. LEGAL PERSON (CORPORATES):

NAME OF LEGAL PERSON: LEGAL FORM:
NATIONALITY: DOMICILE: BRANCHES:
LICENSING AUTHORITY: LICENSE NO.: DATE OF ISSUE: .../.../20..... EXPIRY DATE: .../.../20.....
CHAMBER MEMBERSHIP NO.: DATE OF ISSUE: .../.../20..... EXPIRY DATE: .../.../20.....
PERSON AUTHORIZED WITH MANAGEMENT OF ACCOUNT: MOB. NO.: E-MAIL:

HEAD OFFICE ADDRESS:

COUNTRY: CITY: AREA: STREET: BUILDING NO.:
TEL. NO. 1: TEL. NO. 2: LANDMARK:
FAX: P.O. BOX: E-MAIL:

ATTACHMENTS:

IBAN LETTER TRUE BENEFICIARY'S LETTER LICENSE
 MEMORANDUM OF ASSOCIATION AUTHORIZED SIGNATORY'S LETTER POWER OF ATTORNEY

OTHER:
.....
.....

SECOND: INVESTOR'S RELATION WITH ANY OF THE FOLLOWING ENTITIES:

LISTED JOINT STOCK COMPANY BROKERAGE FIRM LICENSED BY SCA ABU DHABI SECURITIES EXCHANGE
 DUBAI FINANCIAL MARKET OTHER ENTITY INVOLVED IN SECURITIES MARKETS (.....)

1. IS THE INVESTOR A CHAIRMAN, MEMBER OF BOARD OF DIRECTORS, GENERAL MANAGER, EXECUTIVE DIRECTOR, OR INFORMED EMPLOYEE AT ANY OF THE FIRMS LISTED WITH THE FINANCIAL MARKETS LICENSED IN THE STATE, OR A RELATIVE TO ANY OF THE AFOREMENTIONED PERSONS UP TO THE SECOND DEGREE OF KINSHIP?
 YES NO
IF YES, PLEASE SPECIFY THE NAME OF FIRM: POSITION/JOB TITLE:
KINSHIP: RELATIVE PERSON'S NAME:
2. IS THE INVESTOR A CHAIRMAN, MEMBER OF BOARD OF DIRECTORS OR EMPLOYEE AT ANY OF THE BROKERAGE FIRMS LICENSED BY SCA, A SPOUSE, ANCESTOR OR DESCENDANT OF ANY OF THEM, TILL THE SECOND DEGREE, OR THEIR MINOR CHILDREN?
 YES NO
IF YES, PLEASE SPECIFY THE NAME OF FIRM: POSITION/JOB TITLE:
KINSHIP: RELATIVE PERSON'S NAME:
3. IS THERE A BUSINESS PARTNERSHIP BETWEEN YOU AND ONE OF THE MEMBERS OF THE BOARD OF DIRECTORS OR ANY OF THEIR SUBSIDIARIES?
IF YES, PLEASE SPECIFY:

THIRD: METHOD OF RECEIVING THE INVESTOR'S MONTHLY STATEMENT OF ACCOUNT:

FAX E-MAIL ORDINARY MAIL HAND DELIVERY

INVESTOR'S SIGNATURE: COMPANY'S AUTHORIZED REPRESENTATIVE'S SIGNATURE:

FOURTH: MEANS OF NOTIFICATION:

- 1. METHOD OF INSTRUCTION: PERSONAL PRESENCE MAIL E-MAIL FAX TELEPHONE
- 2. METHOD APPROVED TO RECEIVE CORRESPONDENCE: E-MAIL FAX PERSONAL PRESENCE

FIFTH: INVESTOR'S FINANCIAL DETAILS:

ANNUAL INCOME (IN AED):

- LESS THAN 100,000 100,000-500,000 500,000-2,500,000 2,500,000 OR MORE

SOURCE OF INCOME:

- SAVINGS SALARY INHERITANCE FINANCIAL MARKETS OTHER (SPECIFY):

OTHER INVESTMENTS (TYPE): INVESTMENTS VOLUME (IN AED):

INVESTMENTS INCOME IN AED:

TOTAL ANNUAL INCOME: ANNUAL EXPENDITURE:

LOANS (YES/NO): LOAN AMOUNT: ENTITY: TYPE OF LOAN:

YOUR BANK NAME: BRANCH: COUNTRY:

DATE OF OPENING THE BANK ACCOUNT:

BANK ACCOUNT NO.:

(INVESTOR CARD NO., IF ANY):

- DO YOU HAVE ANY OTHER ACCOUNT WITH ANY OTHER BROKERAGE COMPANY:
 - YES NO
- IF YES, PLEASE SPECIFY:
- INVESTMENT STRATEGY: LONG TERM SHORT TERM DAILY TRADING diversified includes
(speculative / short, medium, long-term)
- INVESTMENT OBJECTIVE: TARGET SECURITIES INVESTMENT AMOUNT:

SIXTH: INVESTMENT EXPERIENCE:

- NONE LESS THAN ONE YEAR 1-3 YEARS MORE THAN 3 YEARS

The level of knowledge of the systems, roles, trading mechanism, method of investment and types of investment products.

Poor Very good Advanced

- PREFERRED INVESTMENT INSTRUMENTS (PLEASE SPECIFY):
 - ALL CURRENTLY AND FUTURE-LISTED SHARES (UNSPECIFIC)
 - SUBSCRIPTION, INHERITANCE OR SALE ONLY
 - SPECIFIC INSTRUMENTS OR SECTORS, NAMELY:
 - 1 2 3 4

The level of knowledge of investment and trading risks:

Poor Very good Advanced

Need other information and clarifications related to trading and investment and its risks:

Yes, No

SEVENTH: INVESTOR'S EDUCATIONAL QUALIFICATIONS:

- GENERAL SECONDARY CERTIFICATE OR LOWER

INVESTOR'S SIGNATURE: COMPANY'S AUTHORIZED REPRESENTATIVE'S SIGNATURE: