

**AL WATHBA NATIONAL
INSURANCE (PJSC) BOARD
NOMINATION APPLICATION**

Kindly accept my nomination for the position of member of the Board of Directors of Al Wathba National Insurance (PJSC) for a three-year term as of the date of the Annual General Meeting of the Company to be held in 24/04/2018.

Please find my particulars as follows:

First: Personal Information:

Name: -----
 Profession: ----- Employer: -----
 Nationality: -----
 Date of Birth: -----
 ID or Passport No: ----- Place & Date of Issue: -----
 Expiry Date: -----
 Family book number: ----- Number of Children: ----- Number of Wives: -----
 Current Address (Place of Residence): -----
 Tel: ----- Mobile: -----
 Number of shares I hold in the Company on the date hereof (if any): -----

Second: Type of Membership (Please Tick the appropriate box)

<input type="checkbox"/> Executive Director	<input type="checkbox"/> Non-Executive Director	<input type="checkbox"/> Independent Director
--	--	--

* The Independent member of the board of directors is the person fulfilling the conditions mentioned in Article(1) of the Minister of Economy Resolution No (7R.M) of 2016 as amended (copy attached), which can also be reviewed on the following website of the Securities & Commodities Authority. <https://www.sca.gov.ae/English/Regulations/Pages/Default2.aspx>

Independent Member of the Board of Directors: A member who has no relationship with the Company, any of its Senior Executive Management persons, auditor, Mother company, subsidiaries, sister company, or affiliate company that could lead to financial or moral benefit which may affect his decisions. The member of the Board of Directors forfeits his independence in the cases included in this Decision..

Third: Educational Qualifications:

Level	Major	Degree	The Date it was Obtained

Signature of the Applicant

Fourth: Current Membership of the Boards of Directors of Other Joint Stock Companies (Listed or non-listed) within the United Arab Emirates:

Company Name	Main Activity	Position on the Board (Board member, Managing Director or Chairman)	Type of Membership (Executive, Non-executive, Independent)	Committee Membership

I acknowledge the accuracy of the information mentioned in this Application and in the documents attached hereto. I also acknowledge full responsibility and the invalidity of this Application in case of inaccuracy of any information, with all the legal effects arising therefrom.

Fifth: Applicant:

Name:	Signature:	Date:
--------------	-------------------	--------------

Acceptance of this Application is conditional upon the following:

Completing all the information required in this Application clearly and accurately by the Applicant.

Submitting the Application within the deadline indicated in the Notice. Attaching the following documents hereto:

- 1- A CV indicating the current position, previous jobs and professional experiences.
- 2- Applicant's ID or passport copy.
- 3- Family Book.
- 4- Copy of the educational degrees obtained by the Applicant.