capital bank

Information Update Form for Individual Shareholders

Shareholders' Name (Arabic) .....

Address:

P.O. Box (mandatory) ..... City ..... Postal Code..... Country .....

E-mail (Mandatory): .....

Mobile (Mandatory): .....

☐ Resident ☐ Non-Resident, Country of Residence (If Non-Resident) .....

Please fill the fields below to transfer your cash dividends (all fields are mandatory except SWIFT)

Bank name: ..... Branch: .....

Beneficiary Name (English): .....

Account Number: .....

IBAN:

SWIFT: .....

Acknowledgment:

I hereby acknowledge that all the information provided in this form is correct and I solemnly commit to provide the bank with any future amendments to my account or address. I authorize Capital Bank to transfer any profits and/or fractions of the shares of previous or future years to the account shown above, and to deduct any commissions resulting from these transfers without the Bank bearing any responsibility.

Name: ..... Date: .....

Signature: .....

Attachments:

A copy of National ID for Jordanian.

A copy of Passport for Non-Jordanian.

A copy of Family Book for shareholders (Minors).