Position: Date:

Key Controller Position	Name (First Name, Middle Name & Last name)	Date of Birth	Permanent Residential Address
Chairman			
Deputy Chairman of the Board-			
Chair of the Supervisory Board-			
Chair of the Audit Committee-			
Chair of the Remuneration Committee-			
Chair of the Shariah Compliance Board-			
Chair of the Risk Committee-			
Chief Executive Officer (CEO)-			
Chief Financial Officer (CFO)-			
Chief Operating Officer (COO)-			
* Managing Partners-			
* Power of Attorney-			
* Nominees-			
* The person on whose behalf the Nominee entity is working for-			
* Authorized Signatories with Sole Unlimited Signing Authority-			
* Local Equivalent roles-			

I hereby confirmed that the above listed personnel are key controllers of our company.
Name:

<sup>\*\*</sup> Please provide the ID copies of above listed key controllers if difference from the director or authorized signer.