capital bank

Information Update Form for Individual Shareholders

Shareholders' Name (Arabic): .....

Residence Address (mandatory):

Country	City	District	Street	Building No.

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

Residence Address for residents of the USA or Canada (mandatory):

Country	State/Province	City	Postcode	Street	Building No.

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

Please fill in the fields below to transfer your cash dividends:

Bank name: ..... Branch: .....
Beneficiary Name (English): .....
Account Number: ..... Currency: .....

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).