



Acknowledgment by Applicants for Certificate of successful Completion of the E-incorporation Certified Delegate Program

Applicant's Data

Full name: _____

Academic qualification: _____ Graduation year: _____

National ID No: _____ ID issued by: _____

Date and place of birth: _____ Residence address: _____

E-incorporation certified delegate place of business: _____

Mobile: _____

Email: _____

Landline: _____

Date of successful completion of the program: ____/____/2023

Applicant's Acknowledgement

I, the undersigned, acknowledge that the abovementioned data are true, correct, and accurate. I further acknowledge that I will:

- (1) Regularly keep aware of all new legislation, rules, and procedures set by GAFI in respect of sole proprietorships and partnerships e-incorporation;
- (2) Implement all relevant legislation, rules, and procedures relating to sole proprietorships and partnerships e-incorporation;
- (3) Keep confidential all data and information of the investors owning the sole proprietorships and partnerships that I am going to e-incorporate;
- (4) Pay such fee that GAFI sets for the service of renewing the certificate of the E-incorporation Certified Delegate; and
- (5) Accept all penalties imposed by Investors' Agents Center (IAC) against me for any violation that I am proven to have committed.

Applicant's Signature

(_____)