**Form no. (ت س/1-1) (16)**

**Periodical Statement of Credit Facilities to a Single Customer**

**As at …/…/20……**

Customer's secret no.: __________________________
Customer's credit facility category: ____________
Borrower group no.: __________________________
Concentration ratio: __________________________

**General Information about the Customer:**
1- Customer's name according to commercial registry: __________________________
2- Commercial registry no.: ________________________________________________
3- Expiry date of commercial registry: __________________________
4- Customer's legal status: _________________________________________________
5- Activity type: __________________________________________________________
6- Information about partners: _____________________________________________

<table>
<thead>
<tr>
<th>Name of Partner</th>
<th>Nationality</th>
<th>Participation Percentage</th>
<th>Capacity</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

7- Customer's relationship with the bank:____________________________________
   A- Normal Customer
   B- A member of Board of Directors
   C- Major Shareholder
   D- Main Officer
   E- Subsidiary or Sister Company
   F- Others

8- Balances of credit facilities granted to the customer as at: …/…/20... in thousand Qatari Riyals:

<table>
<thead>
<tr>
<th>Direct Credit Facilities</th>
<th>Indirect Credit Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Credit Facility/Investment</td>
<td>Granted</td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
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</tbody>
</table>

9- Starting date of dealing with customer: …/…/.....
10- Validity date of the credit facility: …/…/.....
11- Purpose of the credit facility: ___________________________________________
12- Sources of repayment: ___________________________________________________
13- The administrative body authorizing approval of granting credit facility:

14- Collaterals:

<table>
<thead>
<tr>
<th>Type of Collateral</th>
<th>Collateral Value in Thousand QR as at …../…../ 200</th>
<th>The Institution Assessing the Collateral Value</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

15- Credit Facility Movement

A- Overdraft:
   - Active □
   - Weakly Active □
   - Frozen □
   - Under Repayment □

B- Discounted Papers:
   - Regularly Repaid □
   - Failing to Repay Some Discounted Papers □
   - Failing to Repay All Discounted Papers □

C- Loans:
   - Regularly Repaid □
   - Failing to Repay Some Installments □
   - Failing to Repay All Installments □

16- Reasons for non-performing credit facility:

17- Procedures taken by the bank for repayment of the due debts:

18- Starting date of exceeding limits: ……../………../…………

19- The Administrative body approved on the exceeding limits:

20- Exceeding reason:

21- Procedures taken by the bank for repaying the exceeding limits:

22- Date of last balance sheet submitted by the customer: ……../………../………..

23- Opinion of the bank's manager regarding the financial position according to the audited balance sheet:

24- Auditor name:

25- Opinion of the bank regarding the customer, partners and guarantors including an explanation of their solvency:

*I admit that all the above written information is accurate and correct and the value of the collaterals provided reflected the current market value.

Name and Signature of the Account Holder                                 Signature of Bank's General Manager