

Date: _____

Declaration Form

Confirm that during the past 12 months from the date of signing this declaration, the following conditions were met:

S.N.	Condition	Yes or No
1	Was not an officer or employee or in any way involved in day-to-day management, of either:	
	(a) GFH Financial Group B.S.C. ("the Bank");(b) Another company which is a controller of the Bank;	
	(c) Another company of which the Bank is a controller; or(d) Another company which is controlled by a controller of the Bank	
2	Did not make to, or receive from, the Bank payments of more than 31,000 BD or equivalent (*not counting remuneration/sitting fees of existing directors)	
3	Did not own more than a 10% share or other ownership interest, directly or indirectly, in an entity that made to or received from the Bank payments of more than 31,000 BD or equivalent	
4	Did not act as a general partner, manager, director or officer of a partnership or company that made to or received from the Bank payments of more than 31,000 BD or equivalent	
5	Did not have any significant contractual or business relationship with the Bank which could materially interferes with my capacity to act in an independent manner as a director of the Bank	
6	Did not own directly or indirectly (including for this purpose ownership by any family member or related person) 5% or more of the shares of any type or class of the Bank	
7	Did not engaged directly or indirectly as an auditor or professional advisor for the Bank	
8	Was not an associate of any director or senior management member of the Bank.	

Note: For the purpose of this declaration:

a) Where the term "family" or "family member or related persons" is used reference is made to: spouse, father, mother, son(s) or daughter(s); and

b) Where the term "associate" is used reference is made to:

(i) Spouse, father, mother, son(s) or daughter(s); or

(ii) A person who is an employee or partner of the Director or of the firm represented or owned by the Director.

I hereby declare that the above stated information is correct and as per best of my knowledge.

Candidate's Name: _____

Candidate's Signature:	
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