

CERTIFICATE OF INSURANCE

This is to certify that the Insurer named herein will issue to the Insured named herein Insurance policy which provide subject to the insuring agreements, exclusions, conditions and declarations contained therein and during their effective period of insurance, coverage as described below:

Name and Address of the Insured:

M/s. Ghaya Security Services Est. [4998369]

BLDG# 3326 3rd Ring Road – Khaldiyah District

Holy City of Makkah - Mekkah Region

KSA, P.O.BOX: 0

Name and Address of Insurer

Allianz Saudi Fransi Cooperative Insurance Co.

P.O. Box 3540, Riyadh 11481, Saudi Arabia

Location: Geographical Area Saudi Arabia

Policy in Force:

S.#	COVERAGE'S	POLICY No.	DATE		CONTRACT VALUE
			Effective	Expiration	
1.	PLI	24083	01/02/2017	31/01/2018	SAR 9,000,000/-

Date issued: 16/02/2017

By:

(Signature of Insurer Authorized Representative)

Name: Abdelghani Rachidi

Title: Underwriting Manager

