

# APPLICATION FORM

### First account holder:

Initials: .....  Mr  Ms Date of birth: .....

Name: ..... BSN (social security number): .....

Address: ..... Nationality: .....

Zip code: ..... Phone: .....

City: ..... Mobile: .....

Country: ..... E-mail: .....

**Identification**  Passport Number .....

### Second account holder (if applicable)

Initials: .....  Mr  Ms Date of birth: .....

Name: ..... BSN (social security number): .....

Address: ..... Nationality: .....

Zip code: ..... Phone: .....

City: ..... Mobile: .....

Country: ..... E-mail: .....

**Identification**  Passport Number .....

### Agent / legal representative / inheritant\* (if applicable)

Initials: .....  Mr  Ms Date of birth: .....

Name: ..... BSN (social security number): .....

Address: ..... Nationality: .....

Zip code: ..... Phone: .....

City: ..... Mobile: .....

Country: ..... E-mail: .....

**Identification**  Passport Number .....

### Details of my / our contra account

Account-/giro number:

Name of account holder: .....

City: .....

Yes, I / we\* want to receive correspondence by e-mail from Yapı Kredi Bank (please note e-mail address): .....

No, I / we\* don't want to receive any e-mail correspondence from Yapı Kredi Bank

### Signature

I/we\* request Yapı Kredi Bank Nederland N.V. to open a saving account and I/we\* hereby accept that the General Banking Terms and Conditions and the Conditions of Yapı Kredi Bank Nederland N.V. shall apply to this relationship.

Date ..... Place .....

Signature 1<sup>st</sup> account holder:

Signature 2<sup>nd</sup> account holder:

Signature attorney / legal representative /heir

\* Please cross-out which is not applicable

Please send this form together with an extract of the Chamber of Commerce (not older then 3 months) and copy of your identification to:

**Retail Banking Department, P.O. Box 94042, 1090 GA Amsterdam**