

APPLICATION FORM COMPANIES

Company details:

Company name: Phone:

Address: Fax:

Zip code: Chamber of Commerce Registration Number:

City: Date of extract (Chamber of Commerce Registration):

Country: E-mail:

First director / owner*

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 director / owner* (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 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 first director / owner:

Signature second director / owner:

* Please cross-out which is not applicable

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

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