

INSTRUCTION FORM

I/We hereby request you to transfer (a part of) my Euro-Plus Savings Account into a (new) Euro-Plus Deposit Account.

Client No:

Euro-Plus Savings account no:

Name:

Address:

Zip code:

City:

Phone:

E-mail:

Amount: Euro USD TRY

Requested term: 1 month* 3 months* 6 months*

1 year* 2 years 3 years

4 years 5 years

Interest payments: yearly at maturity

*For 1-,3-,6-, 12 months term deposits the interest payments will be at maturity

Date:

Signature:

Please send this form to:

Yapı Kredi Bank Nederland N.V.

Retail Banking Department

P.O. Box 94042

1090 GA Amsterdam