

## Application for Additional Funds payment to Fixed-term/Savings Deposit

No. \_\_\_\_\_

Hereby I confirm that I have read and understood the Integrated Banking Service Regulations in "Kapital 24" retail branch of "Kapitalbank" JSCB, the Procedure for execution and performance of the Agreement for individual's fixed-term/savings deposit opening, Tariffs and, therefore, I request to replenish the amount of the fixed-term/savings deposit under the terms and conditions of the savings deposit "Deposit Name".

I request you to accept the monetary funds on the Deposit under the following terms and conditions, considering that I am aware of the following restrictions, terms of replenishment, early claim, capitalization, prolongation, partial withdrawal:

The amount of additionally placed monetary funds	_____
Total Deposit amount	_____
Deposit Account number	_____
Deposit Currency	UZS <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/>
Deposit term	_____
Date of deposit opening	_____
Date of termination	_____
Deposit expiration date	_____
Permanent balance	_____
Terms of the Deposit partial withdrawal	_____
Terms of deposit early closure	_____
Payment of interest	_____ in cash <input type="checkbox"/> non-cash <input type="checkbox"/>
Automatic capitalization	available <input type="checkbox"/> not available <input type="checkbox"/>
Prolongation	available <input type="checkbox"/> not available <input type="checkbox"/>
Additional contribution	available <input type="checkbox"/> not available <input type="checkbox"/>
Partial withdrawal	available <input type="checkbox"/> not available <input type="checkbox"/>

**Bank:**

"Kapitalbank" JSCB

Responsible officer

Full name

\_\_\_\_\_  
(signature and stamp)

Head of the Sales and  
Retail Product Department  
Full name

\_\_\_\_\_  
(signature)

Date: \_\_\_\_\_

**Depositor:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Passport data:

Issued:

Address:

Number of the savings book \_\_\_\_\_

Depositor signature: ✓ \_\_\_\_\_