

Application for Savings Deposit Opening 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 propose to conclude Bank Deposit Agreement 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:

| | | | |
|---|--|------------------------------------|--|
| Deposit amount | _____, but not less than the Minimum Deposit Amount | | |
| Deposit Currency | UZS <input type="checkbox"/> | USD <input type="checkbox"/> | EUR <input type="checkbox"/> |
| Deposit term | _____ | | |
| Deposit Account number | _____ | | |
| Date of deposit opening | _____ | | |
| Purpose of the deposit | _____ | | |
| Date of deposit termination | _____ | | |
| Deposit expiration date | _____ | | |
| Permanent balance | _____ | | |
| Terms of deposit | _____ | | |
| early closure | _____ | | |
| Payment of interest | _____ in cash <input type="checkbox"/> non-cash <input type="checkbox"/> | | |
| If the interest is paid non-cash, | | | |
| funds are credited to the account | 20206 <input type="checkbox"/> | | 22618 <input type="checkbox"/> |
| Return of the deposit principal amount to the account | | 20206 <input type="checkbox"/> | |
| | 22618 <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

Depositor:

Responsible officer
Full name

(signature and stamp)

Passport data:

Issued:

Head of the Sales and
Retail Product Department
Full name

Address:

Number of the savings book _____

(signature)

Depositor signature: ✓ _____

Date: _____