



«Қазақстан-Зираат Халықаралық Банкі» Еншілес Банкі» АҚ  
SB "KAZAKHSTAN-ZIRAAT INTERNATIONAL BANK", JSC

**APPLICATION FOR JOINING THE CONTRACT OF INCLUSION IN SERVICING  
IN THE KZI I-BAHK INTERNET BANKING SYSTEM FOR INDIVIDUALS**

**PASSPORT DATA (OF THE USER)**

Citizen of RK	<input type="checkbox"/>	Other	<input type="checkbox"/>																				
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	/ /		DD/MM/YY																				

(Attach a copy of the document confirming the information entered)

**PHONES AND FAX**

Mobile phone numbers to send SMS with a password. Only for K'cell, Beeline, Pathword

Mob. 1:	<input type="checkbox"/>	( <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> )	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Off. tel.: 1:	<input type="checkbox"/>	( <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> )	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Off. tel.: 2:	<input type="checkbox"/>	( <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> )	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Fax:	<input type="checkbox"/>	( <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> )	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**E-MAIL DETAILS:**

E-mail 1:	<input type="text"/>	@	<input type="text"/>
E-mail 2:	<input type="text"/>	@	<input type="text"/>

I would like to use the Internet Banking system provided by the bank.

I confirm that the specified information was filled in correctly by me.

Natural person

Full Name

Signature

Date  /  /      DD/MM/YY

**Authorized employee of the bank who accepted the application**

First Name:

Last Name:

Branch:

Date:   /   /

Signature/Seal

**Auth. Empl. of the bank who confirmed the application**

First Name:

Last Name:

Branch:

Date:   /   /

Signature/Seal / /