

**Application for opening a bank deposit
(For legal entities)**

The present application for opening a bank deposit shall constitute an integral part of Contract for bank deposit adherence.

On the basis of the Contract for bank deposit adherence and this application for opening a bank deposit, I request to open a bank deposit under the following conditions:

Type of deposit	(Name of deposit product)
Date	(Amount of Contract)
Amount	(Original Contract amount)
Currency	
Term (months)	
Interest rate	
Annual effective interest rate	
Current/card debit for writing down	
Bank deposit account	
Amount of minimum balance	
Partial withdrawals	(possible/impossible)
Deposit replenishment	(possible/impossible)
Accrued interest capitalization	(at the end of the term/end of the month and on the end date)

Deposit features:

1. Automatic prolongation of the deposit in view of capitalization is performed not more than 6 (Six) times on similar terms, at the interest rate applicable to this type of bank deposit as of the date of prolongation.
2. Payment of carried interest is made to the bank deposit account.
3. The return of "Time deposit" / "Rolled deposit" / "Monthly capitalization rolled deposit" deposits is performed not later than 7 (Seven) calendar days from the date of submission by the Depositor of the application for termination of the Contract for bank deposit adherence.

This Application certifies that the Customer is aware of the Terms and Conditions available at the Bank's official website at: www.kzibank.kz, agrees with them and undertakes to comply with them. The signing of this Application for opening a bank deposit confirms the Client's consent to join the Contract for bank deposit adherence available at the Bank's official website: www.kzibank.kz.

Client

Name: _____
BIN: _____

Authorized representative of the Client

Position: _____
Full name: _____

Signature _____ Official Seal (stamp, if any)

Date of signature: « ___ » _____ 20__

To be completed in by the Bank and form an integral part of the Application for opening a bank deposit

_____ *Name of the branch* _____

Application for opening a bank deposit is accepted by: _____ (*Full name of Bank employee*) _____

Signature of the Bank employee: _____

Date of acceptance: « ___ » _____ 20__