

RETAIL CUSTOMER IDENTIFICATION FORM

T.R./TAX/FOR. TAX ID NO	
NAME SURNAME	
MOBILE PHONE	
E-MAIL ADDRESS	
TELEPHONE HOME-WORK (INTERNAL)	
HOME ADDRESS	
BUSINESS ADDRESS	
STATUS OF EMPLOYMENT	
OCCUPATIONAL INFORMATION	
RELATED CUSTOMER NO.	
<p>I agree and represent that the information I have provided on this form is accurate, and in case of any changes to this information, I shall notify Türk Ticaret Bankası A.Ş. in writing. I acknowledge that the information I have provided below may change over time and that this information has been obtained by your bank in accordance with the Regulation on Measures for Prevention of Laundering Crime Revenues and Financing of Terrorism. Therefore, I agree and represent that your bank may use this information for risk-based reviews and that I hereby grant my consent in advance to the processing of all my personal information provided to your bank via this form.</p>	
What is your primary banking need?	Investment Products <input type="checkbox"/> Time Deposit Account <input type="checkbox"/> Demand Deposit Account <input type="checkbox"/> Credit Products / Credit Card <input type="checkbox"/> Salary Account <input type="checkbox"/> International Transfer Receiving/Sending <input type="checkbox"/>
Is there an inflow of funds into the account?	Yes <input type="checkbox"/> No <input type="checkbox"/> Salary <input type="checkbox"/> Personal Savings <input type="checkbox"/> Commercial Earnings <input type="checkbox"/> Rental Income <input type="checkbox"/> Real Estate/Securities Sale <input type="checkbox"/> Inheritance <input type="checkbox"/> Other <input type="checkbox"/>
What is the source of funds?	Salary <input type="checkbox"/> Personal Savings <input type="checkbox"/> Commercial Earnings <input type="checkbox"/> Rental Income <input type="checkbox"/> Investment Income <input type="checkbox"/> Retirement Income <input type="checkbox"/> Inheritance <input type="checkbox"/> Scholarship <input type="checkbox"/> Vehicle/Real Estate Sale <input type="checkbox"/> No Income <input type="checkbox"/>
What is your primary source of income?	Salary <input type="checkbox"/> Personal Savings <input type="checkbox"/> Commercial Earnings <input type="checkbox"/> Rental Income <input type="checkbox"/> Investment Income <input type="checkbox"/> Retirement Income <input type="checkbox"/> Inheritance <input type="checkbox"/> Scholarship <input type="checkbox"/> Vehicle/Real Estate Sale <input type="checkbox"/> No Income <input type="checkbox"/>
What is the customer's estimated monthly income?	0-15,000 TRY <input type="checkbox"/> 15,000-30,000 TRY <input type="checkbox"/> 30,000-50,000 TRY <input type="checkbox"/> 50,000-100,000 TRY <input type="checkbox"/> 200,000-500.000 TRY <input type="checkbox"/> 500,000-1 mio TRY <input type="checkbox"/> 1mio TRY and above <input type="checkbox"/>
Is the customer a politically exposed person?	Yes <input type="checkbox"/> No <input type="checkbox"/> Presidents <input type="checkbox"/> Prime Ministers <input type="checkbox"/> Ministers <input type="checkbox"/> Member of Parliaments <input type="checkbox"/> Party/MKYK Members <input type="checkbox"/> Mayors <input type="checkbox"/> Deputy Mayors <input type="checkbox"/> Judges <input type="checkbox"/> Prosecutors <input type="checkbox"/> General/Senior Military Officers <input type="checkbox"/> Ambassadors <input type="checkbox"/> Consuls <input type="checkbox"/> Governor/District Governor/Their Assistantss <input type="checkbox"/>
If so, specify the position	
Estimated Monthly Transaction Volume?	0-15,000 TRY <input type="checkbox"/> 15,000-30,000 TRY <input type="checkbox"/> 30,000-50,000 TRY <input type="checkbox"/> 50,000-100,000 TRY <input type="checkbox"/> 200,000-500.000 TRY <input type="checkbox"/> 500,000-1 mio TRY <input type="checkbox"/> 1mio TRY and above <input type="checkbox"/>
Estimated Monthly Transaction Count?	0-25 <input type="checkbox"/> 25-50 <input type="checkbox"/> 50-75 <input type="checkbox"/> 75-100 <input type="checkbox"/> 100 or more <input type="checkbox"/>
What will be the method of the initial transaction?	Monetary Transaction-Cash <input type="checkbox"/> Monetary Transaction-Transfer <input type="checkbox"/> Utilization of Banking Product <input type="checkbox"/>

Date/...../.....

Customer Number:

Name Surname/Signature/Stamp