

ANNEX -1 (Amended: OG-24/07/2007-26592)

**DETAILED CV'S OF SHAREHOLDERS / CHAIRMAN AND MEMBERS OF OARD
OF DIRECTORS / GENERAL MANAGERS & ASSISTANT GENERAL MANAGERS
(NATURAL PERSONS)**

NAME : _____ :			
ADDRESS OF LEGAL DOMICILE :			
EDUCATION STATUS : (In Detail)			
TITLE AND ADDRESS OF PRESENT EMPLOYER :			
PROFESSION AND POSITION:			
TAX ID NO¹ :			
SHARE HOLDING :			
PREVIOUS EMPLOYERS			
	TITLE OF COMPANY	DATES OF START AND END OF EMPLOYMENT	POSITION HELD
1 -			
2 -			
3 -			
4 -			
TRAINING and CERTIFICATES RECEIVED WITH REGARD TO FIELD OF OPERATION			
YEAR(S)	TRAINING DURATION	TITLE OF TRAINING	CERTIFICATE(S)

¹ Tax ID number here is required to be filled out for foreign national natural persons; citizenship ID number section shall be filled out by the natural person who are citizens of the Republic of Turkey.

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To the CHAIRMANSHIP OF the SAVINGS DEPOSITS INSURANCE FUND
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You are kindly asked to issue me a certificate for submission to the Banking Regulation and Supervision Agency, which certifies that they I have not held any qualified shares in or control of the banks for which Article 71 of Banking Law Nr. 5411 has been applied or the banks which have been transferred to the Savings Deposit Insurance Fund prior to the entry into force of the Law Nr. 5411.

...../...../.....

NAME:
SIGNATURE

SURNAME :
NAME :
FATHER'S NAME :
MOTHER'S NAME :
PLACE AND DATE OF BIRTH :
CITIZENSHIP ID NO :
REGISTERED PROVINCE :
PROVINCE :
DISTRICT :
VOLUME NR :
FAMILY POSITION NR :
POSITION NR :
ADDRESS :

INQUIRY FORM CONCERNING NATURAL PERSON PARTNERS

NATURAL PERSON'S				
TITLE:				
CENTER AND DATE OF ESTABLISHMENT:				
CAPITAL: (In Detail)				
ADDRESS:				
SUBJECT OF ACTIVITY:				
SOME BALANCE-SHEET SIZES CONCERNING THE LAST FIVE YEARS (TRY THOUSAND)				
YEAR	NET PROFIT (LOSS) (1)	OWN-FUNDS	TOTAL ASSET	
SUBSIDIARIES (2)				
	TITLE OF COMPANY	FIELD ACTIVITY	OF CAPITAL	STOCK AMOUNT
1				
2				
3				
4				
5				
6				
7				
8				
REAL ESTATES HE/SHE OWNS				

	LOCATI ION	TYPE	SECTION	CITY BLOCK	PLOT	LIMITATI ONS
1						
2						
3						
4						
5						
6						
7						
8						

SECURITIES (Total Amounts by Types) (4) (5)

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DETAILED PRESENTATION OF THE SOURCES BY THE SUBSCRIBED CAPITAL IS TO BE MET

1	
2	
3	
4	
5	

BANKS HE/SHE WORKED IN (6) (7)	1	2	3	4	5
DEPOSIT (TRY THOUSAND)					
TIME					
AT CALL					
CREDIT (TRY THOUSAND)					
AMOUNT					
GUARANTEE					
TYPE					
MATURITY					

	6	7	8	9	10
NAME OF THE BANK					
DEPOSIT (TRY THOUSAND)					
TIME					
AT CALL					
CREDIT (TRY THOUSAND)					
AMOUNT					
GUARANTEE					
TYPE					
MATURITY					
DEBTS TO OTHER NATURAL PERSONS AND LEGAL ENTITITES EXCCLUDING BANKS (8)					
	NAME OF THE CREDITOR	CREDIT			
		TYPE	AMOUNT	MATURITY	
1					
2					
3					
4					
5					
<p>INSPECTION OF WHETHER THE LOANS NATURAL PERSONS AND LEGAL ENTITIES OWNING 10 PER CENT OF THE COMPANY OR CAPITAL OF THE COMPANY USED FROM DOMESTIC BANKS OR BANKS ABROAD IN THE LAST FIVE YEARS INCURRED ANY LEGITIMATE PROCEEDING:</p>					

DETAILED DESCRIPTION ON IMPORTANT LIGITATIONS TO WHICH THE COMPANY IS CURRENTLY A PARTY:

NAME:
SIGNATURE:
...../...../.....

EXPLANATIONS:

- (1) Amount after the tax provision is set aside shall be written down.
- (2) Shall be filled out on condition that the participation rate is 5% or more than the capital of the company which will be participated in.
- (3) All real estates shall be written down in this part including the encumbrances, if any.
- (4) Bonds, bills, gold, precious Stone and metals, etc. including the encumbrances, if any shall be written down in this part.
- (5) Stock belonging to subsidiaries shall be excluded out.
- (6) If multiple types of loans are extended from the same bank, it shall be shown separately.
- (7) If more than one branches of the same bank is included in collaboration, it shall be shown separately.
- (8) Debts shall be written down at the amount of 5% or more of the capital of the company.

Insurance costs of the insured assets shall be specified separately.

NOTE: An additional form may be used in case the parts assigned in the form do not suffice.

To the CHAIRMANSHIP OF the SAVINGS DEPOSITS INSURANCE FUND

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I hereby declare that they I have not held any qualified shares in or control of the brokerage houses forced into liquidation and finance houses / organizations forced into liquidation other than voluntary liquidation, development and investment banks the operating licenses of which have been discontinued, credit organizations for which partnership rights other than dividends and management and control have been transferred to the Savings Accounts Insurance Fund or for which powers and permissions to practice banking and receive deposits and participation funds have been discontinued before transfer to the Savings Accounts Insurance Fund or lifting of powers and permissions to practice banking and receive deposits and participation funds.

...../...../.....

NAME:
SIGNATURE

SURNAME :
NAME :
FATHER'S NAME :
MOTHER'S NAME :
PLACE AND DATE OF BIRTH :
CITIZENSHIP ID NO :
REGISTERED PROVINCE :
PROVINCE :
DISTRICT :
VOLUME NR :
FAMILY POSITION NR :
POSITION NR :
ADDRESS :