

**CV'S OF SHAREHOLDERS/CHAIRMEN AND MEMBERS OF
EXECUTIVE BOARD/ AUDITORS/PERSONNEL -1**

NAME-SURNAME :				
RESIDENTIAL ADDRESS :				
EDUCATION (Detailed) :				
TITLE AND ADDRESS OF THE ACTUAL EMPLOYER :				
PROFESSION AND JOB TITLE :				
TR. ID/PASSPORT NUMBER :				
TAX ID NUMBER¹ :				
PARTNERSHIP INTEREST:				
PREVIOUS EMPLOYERS				
	Title of Institution	Dates of Start& End of Employment	Position Title	
1-				
2-				
DOCUMENTS CONCERNING THE PREVIOUS VALUATION SERVICES				
	Title of Ins. to which the	Subject of Valuation	Position Title	
EDUCATION AND TRAININGS RELATED TO VALUATION				
Year	Duration of Education	Name of Education	Certificate	
INSTITUTIONS IN WHICH HE/SHE HOLDS POSITION AS EMPLOYEE, MANAGER, SHAREHOLDER, AUDITOR OR FOUNDER				
Year/Month of Beginning	Name/ Address of Company	Activity Field	Type of Position/Relation	Partnership%

...../...../.....
NAME
SURNAME
SIGNATURE

1 The tax ID number will be filled by natural persons with foreign nationality.

DECLARATION

**To The BANKING REGULATION AND
SUPERVISION AGENCY**

I hereby declare and pledge that the shareholders, executive board chairman and members, managers and auditors of A.Ş. would withdraw from the valuation service given by A.Ş. to the related bank within the scope valuation activities they conduct pursuant to the Regulation on Authorization and Activities of Institutions which will Provide Valuation Services to Banks, published within the Official Gazette Nr. dated, in case of appearance of conditions cancelling the independence specified within the Articles 5 and 6 of this Regulation.

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

**SIGNATURE
NAME-SURNAME AND
TITLE OF PERSONS
AUTHORIZED TO
REPRESENT AND SIGN**

**DECLARATION
To The BANKING REGULATION AND
SUPERVISION AGENCY**

I hereby declare and pledge that I am not bankrupt or I did not present a petition for composition pursuant to the provisions of Execution and Bankruptcy Law Number 2004.

...../...../.....
SIGNATURE
NAME-
SURNAME
TITLE

To The CHAIRMANSHIP of SAVINGS DEPOSIT INSURANCE FUND

You are kindly asked to issue me a certificate for submission to the Banking Regulation and Supervision Agency, which certifies me that I have not held any qualified shares in or control of the banks for which Article 71 of the Banking Law Nr. 5411 has been applied or the banks which have been transferred to the Saving Deposit Insurance Fund prior to the entry into force of the Law nr. 5411, or in credit institutions of which partnership rights except dividends of shareholders and management and supervision have been transferred to Saving Deposit Insurance Fund and of which permission and authorizations to accept deposit and participation funds as well as their authorization to do banking have been cancelled.

...../...../.....
SIGNATURE
NAME-
SURNAME
TITLE

TR. ID/ PASSPORT NUMBER:

NAME :

SURNAME :

FATHER'S NAME :

MOTHER'S NAME :

DATE/PLACE OF BIRTH :

REGISTERED PROVINCE:

CITY :

DISTRICT :

QUARTER/VILLAGE :

VOLUME NR. :

FAMILY NUMBER :

POSITION NR :

ADDRESS :

DECLARATIO
N

**To the BANKING REGULATION AND
SUPERVISION AGENCY**

I hereby declare and pledge that I have and will not have any partnership in a valuation, independent audit or rating institution other than A.Ş. involved in valuation services, that I do not serve and will not serve in any of these institutions as executive board chairman or member, manager, auditor, rating expert, independent auditor or personnel involved in valuation activities, and that I have no responsibilities causing the cancellation of authorization in any independent audit, valuation or rating institutions inside or outside the country, authorizations of which have been cancelled.

...../...../.....
SIGNATURE
NAME-
SURNAME
TITLE

DECLARATIO

N

**To the BANKING REGULATION AND
SUPERVISION AGENCY**

I hereby declare and pledge that I will not be involved in any commercial activity which may create a conflict of interests with the subject of valuation.

...../...../.....
SIGNATURE
NAME-
SURNAME
TITLE

DECLARATIO
N

**To The BANKING REGULATION AND
SUPERVISION AGENCY**

I hereby declare and pledge that I will withdraw from the valuation service provided to the related bank by A.Ş., in which I hold position as valuation personnel, in case of appearance of situations cancelling the independence specified within the Articles 5 and 6 of the Regulation on the Authorization and Activities of the Institutions which will Provide Valuation Services to Banks, published within the Official Gazette Nr. dated

...../...../.....
SIGNATURE
NAME-
SURNAME
TITLE