

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

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

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

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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** :

**DECLARATION**

**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

**DECLARATION**

**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.

...../...../.....  
SIGNATU  
RE  
NAME-  
SURNAME  
TITLE

**DECLARATION**

**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