

[on company letterhead paper]

GOLD TRANSFER SYSTEM ACCOUNT OPENING REQUEST FORM

[Date]

ISTANBUL TAKAS VE SAKLAMA BANKASI A.Ş..
Reşitpaşa Mahallesi, Borsa İstanbul Caddesi No:4
Sarıyer 34467
ISTANBUL

We, as *[title]*, *[Takasbank member code]* respectfully submit to your further action for our participation in Takasbank Gold Transfer System.

As part of Takasbank Gold Transfer System operations, the contact list of those who will participate in the operations and account management on behalf and account of our Company is given below.

NAME	E-MAIL	PHONE	FAX
Common group email of the relevant operation team in the Company.			
1.			
2.			
3.			

[Authorized Person - signature]

[Authorized Person - signature]