

Application for Early Closure of Fixed-term/Savings Deposit No. _____

Hereby I confirm that I have read and understood the Integrated Banking Service Regulations in “Kapital 24” retail branch of “Kapitalbank” JSCB, the Procedure for execution and performance of the Agreement for individual’s fixed-term/savings deposit opening, Tariffs and, therefore, I request to early close the fixed-term deposit under the terms and conditions of the savings deposit "Deposit Name".

I request the Bank to close the Deposit I am aware of the terms and conditions of the early termination:

Deposit amount	_____		
Deposit Account number	_____		
Deposit Currency	UZS <input type="checkbox"/>	USD <input type="checkbox"/>	EUR <input type="checkbox"/>
Deposit term	_____		
Date of deposit opening	_____		
Date of deposit termination	_____		
Deposit expiration date	_____		
Permanent balance	_____		
Terms of the Deposit	_____		
partial withdrawal	_____		
Terms of deposit	_____		
early closure	_____		
Payment of interest	_____ in cash <input type="checkbox"/> non-cash <input type="checkbox"/>		
If the interest is paid non-cash,	_____		
funds are credited to the account	20206 <input type="checkbox"/>		22618 <input type="checkbox"/>
Return of the deposit principal amount to the account			20206 <input type="checkbox"/>
	22618 <input type="checkbox"/>		
Automatic capitalization	available <input type="checkbox"/>		not available <input type="checkbox"/>
Prolongation	available <input type="checkbox"/>		not available <input type="checkbox"/>
Additional contribution		available <input type="checkbox"/>	not available <input type="checkbox"/>
Partial withdrawal	available <input type="checkbox"/>		not available <input type="checkbox"/>

Bank:
“Kapitalbank” JSCB

Depositor:

Responsible officer
 Full name

 (signature and stamp)

Head of the Sales and
 Retail Product Department
 Full name

 (signature)

Passport data;
 Issued:
 Address:
 Number of the savings book _____

Depositor signature: ✓ _____

Date: _____