

DOMESTIC PAYMENT ORDER

TO : VAKIFBANK NEW YORK

Please make the following payment

| | | |
|-----------------------------------|--------------|------------------------|
| Debit Our account No. ▶ | ▶ USD | VALUE DATE ▶ |
|-----------------------------------|--------------|------------------------|

BANK INFORMATION

| |
|-------------------------------------------------|
| ▶ BENEFICIARY BANK NAME: _____ |
| ▶ CITY/STATE: _____ |
| ▶ ABA NUMBER (9 digits number): _____ |

BENEFICIARY INFORMATION

| |
|-------------------------------------------|
| ▶ BENEFICIARY ACCOUNT NO: _____ |
| ▶ BENEFICIARY NAME: _____ |
| ▶ DETAILS: _____ |

▶ (CUSTOMER) Name **Signature**

(BANK) Preparer **Authorized signature**

| |
|-----------------------------------------------------------------|
| FOR REPETITIVE TRANSFERS PLEASE MARK THE SELECTION BELOW |
|-----------------------------------------------------------------|

| | | | |
|----------------------------|---------------|---------------------|------------------|
| PAYMENT DATE | WEEKLY | MONTHLY | QUARTERLY |
| NUMBER OF PAYMENT** | | UNLIMITED ** | |

**** ANY CHANGE ABOUT PAYMENT SCHEDULE PLEASE SEND YOUR WRITTEN INSTRUCTION**