

Evrofinance Mosnarbank DEPOSITARY
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To be completed by an employee of the Depositary

<i>Incoming No.</i> _____	<i>Accepted for execution</i> _____, 200__ <i>Signature of the employee</i> _____
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To be completed by the Customer

**APPLICATION
FOR CUSTODY ACCOUNT CLOSING**

(name of the Depositor)

applies for closing custody account No. _____, opened by the Depositary of Evrofinance Mosnarbank under Custody Account Agreement No. _____ dated _____.

We confirm a zero balance in our custody account, and we have no claims to Evrofinance Mosnarbank.

Position

Signature

Surname and initials

Place of Seal

_____, 200__

NOTES OF THE DEPOSITARY

I confirm a zero balance in the custody account No. _____:

Signature of the employee in charge _____

_____, 20__