.... /.... /2019

**ONLINE BRANCH AUTHORIZATION AND ELECTRONIC DELIVERY OF INSURANCE POLICY FORM**

We kindly request that the e-mail addresses listed below be authorized as “Authorized Users” for all transactions to be carried out via the “Online Branch” section located under the “Online Services” menu on the official website of İş Finansal Kiralama A.Ş.

**1. AUTHORIZED PERSON:** ..........................................@ .......................................................
**2. AUTHORIZED PERSON:** ..........................................@ .......................................................
**3. AUTHORIZED PERSON:** ..........................................@ .......................................................
**4. AUTHORIZED PERSON:** ..........................................@ .......................................................
**5. AUTHORIZED PERSON:** ..........................................@ .......................................................
**6. AUTHORIZED PERSON:** ..........................................@ .......................................................

Additionally, we kindly request that all insurance policies to be issued by your company in relation to the equipment leased under the Financial Leasing Agreements signed/to be signed with your company be sent to the e-mail addresses provided below.

We hereby declare and undertake that we assume all responsibility arising from this request, that the e-mail accounts provided below will be used solely by our authorized personnel, that we will take all necessary precautions in this regard, that insurance policies sent to the specified e-mail addresses will be deemed as officially delivered to us, and that we will not claim in the future that such policies were not received by us. We irrevocably release your company from any and all liability in this respect.

**1. AUTHORIZED PERSON:** ...........................................@ .......................................................
**2. AUTHORIZED PERSON:** ...........................................@ .......................................................

**Company Name**
(To be completed)

**Stamp + Signature (Authorized Company Representatives)**