

CLAIM FORM

FOR THE RESTRUCTURING PLAN

in respect of

“BTA BANK” JSC

THIS CLAIM FORM IS TO BE COMPLETED BY ALL CLAIMANTS IN RESPECT OF THEIR CLAIMS.

NOTEHOLDERS DO NOT NEED TO COMPLETE A CLAIM FORM.

The provisional date of the Claims Submission Date is 3 December 2012. Any change to this date will be notified by announcement on a Regulatory Information Service and on the Bank’s website at www.bta.kz/en/investor.

Claimants who do not submit a Claim Form prior to the Claims Submission Date will have their Claims cancelled, but the Bank may, in its sole and absolute discretion, admit such Claims.

Before completing and executing this Claim Form, you should read the instructions below and the detailed notes set out at the end of this Claim Form. If the Claim Form is not completed in its entirety and executed in accordance with the detailed instructions, you may not be eligible to attend and vote at the Claimants’ Meeting or receive your Entitlement under the Restructuring Plan.

If you have any questions relating to the completion of this Claim Form, please contact the Bank at the address and telephone number set out below. If you require further copies of this Claim Form, the Information Memorandum or Form of Proxy referred to below, please visit the Bank’s website at www.bta.kz/en/investor/

This Claim Form is to be read in conjunction with the Information Memorandum dated 8 November 2012 and the Restructuring Plan contained therein that has been prepared in connection with the Restructuring. The definitions contained in the Information Memorandum apply to this Claim Form.

Instructions for completion and return of this Claim Form:

Detailed instructions regarding completion of this Claim Form are set out at the end of this form.

Bank details for return of Claim Forms and queries:

Contact: Mr. Asset Zhaisanov, Investor Relations Department
Tel: +7 727 3124671
Fax: +7 727 250 0224
Email: zhaisanov@bta.kz

THE CLAIMANT REPRESENTS THAT THE CLAIM TO WHICH THIS CLAIM FORM RELATES IS TRUE AND ACCURATE TO THE BEST OF THE CLAIMANT'S INFORMATION AND BELIEF.

1 <u>FULL NAME AND CONTACT DETAILS OF CLAIMANT</u>	(BOX 1)
Claimant name (and, if applicable, company registration number): _____	

Contact person with respect to this Claim Form: _____	

Contact Telephone Number: _____	
E-mail: _____	
Full Address: _____	

2 <u>CLAIM</u>	(BOX 2)
The Claimant identified in Box 1 certifies that the undersigned holds a Claim arising out of an interest identified at (i) below in the amount set out in (ii) below:	
(i) PLEASE SELECT ONE OF THE BOXES BELOW:	
<input type="checkbox"/> RCTFF Lenders (or RCTFF Agent on behalf of the RCTFF Lenders)	
<input type="checkbox"/> Trustee in respect of the 2018 Notes	
<input type="checkbox"/> Trustee in respect of the OID Notes	
<input type="checkbox"/> Trustee in respect of the Subordinated Notes	
<input type="checkbox"/> Trustee in respect of the Subordinated Tenge B Notes	
<input type="checkbox"/> Trustee in respect of the Recovery Units	
<input type="checkbox"/> Samruk-Kazyna in respect of the SK Deposits and the SK Guarantee Fee	
<input type="checkbox"/> Other (please specify below):	

(ii) Principal (specify currency and amount): _____	
Accrued Interest (specify currency and amount) (to be calculated in accordance with the provisions of the Information Memorandum under " <i>Information for Shareholders and Claimants — Information for all Claimants regarding Voting Amounts and the Claimants' Meeting</i> "): _____	

Total Claim (specify currency and amount): _____	

PLEASE SEE NOTES AT THE BACK OF THIS CLAIM FORM REGARDING EVIDENCE TO BE ATTACHED TO THE CLAIM FORM.

EXECUTE A OR B BELOW

(A) Execution by a company (or a partnership or other entity which has a separate legal personality from its partners or members)

EITHER (i) IF THE CLAIMANT'S SEAL IS TO BE AFFIXED

This Claim Form has been executed on _____ (date)

Executed by the Claimant named below:

 Name of Claimant *(Affix company seal)*

Name in full <i>(please print)</i>	Director/Authorised signatory	Signature
Name in full <i>(please print)</i> <i>(if two signatories are required)</i>	Director/Authorised signatory	Signature <i>(if two signatories are required)</i>

OR (ii) IF THE CLAIMANT'S SEAL IS **NOT** TO BE AFFIXED

This Claim Form has been executed on _____

Executed by the Claimant named below:

Name of Claimant _____

Acting by the person (or persons) named below each of whom is duly authorised on behalf of the Claimant named above:

Name in full <i>(please print)</i>	Director/Authorised signatory <i>(Delete as applicable)</i>	Signature
Name in full <i>(please print)</i> <i>(if two signatories are required)</i>	Director/Authorised signatory <i>(Delete as applicable)</i>	Signature <i>(if two signatories are required)</i>

(B) Execution by individuals

This Claim Form has been executed on _____ (date)

Signed:

1. _____
 Name in full *(please print)* Signature

2. _____
 Name in full *(please print)* Signature
(If two signatories are required) *(If two signatories are required)*

NOTES FOR COMPLETION OF THIS CLAIM FORM

PLEASE FOLLOW THESE NOTES CAREFULLY WHEN COMPLETING THIS CLAIM FORM.
ALL BOXES MUST BE COMPLETED AS DESCRIBED IN THESE NOTES.

1 FULL NAME AND CONTACT DETAILS OF CLAIMANT (Box 1)

This Box must be completed by the Claimant. Please provide all information requested.

2 CLAIM (Box 2)

Claimants should indicate the category of their Claim in the relevant box

The Claimant should set out the amount of the/each claim (being the principal amount of the Claim plus Accrued Interest). If the amount of any Claim specified in a Claim Form has been reduced by reason of any set-off, the Claimant should provide the details of it and the date when such set-off was made.

3 EXECUTION (Box 3)

Box 3 must be signed by the Claimant as explained below.

Insert the date on which this Claim Form is executed. This date must be the date on which the person who signs the Claim Form actually does so. Where more than one person signs the Claim Form, the date inserted should be the date on which the last person to sign the Claim Form actually does so.

As described in the notes below, in most cases evidence of the authority of the signatory(ies) to execute this Claim Form needs to be submitted with the Claim Form.

Companies (and partnerships or other entities which have a separate legal personality):

Where a person signing and executing Box 3 is a company (or partnership or other entity which has a separate legal personality), then section (A) must be executed as follows. Either:

- (1) that company's seal may be affixed in accordance with the company's articles of association. The person(s) witnessing the affixing of the seal must also complete and sign Box 3 where indicated; or
- (2) authorised signatories of the company may sign Box 3 on behalf of that company.

In either case, the persons signing on behalf of the company must specify their position in that company and must submit the evidence of their authority to sign as described in the notes below.

Powers of attorney:

This note applies if a person named as Claimant in Box 1 has appointed someone else to execute the Claim Form on his, her or its behalf under a power of attorney. If the attorney so appointed is an individual, he or she must (i) sign and complete section (B) as an individual, as described above under "Individuals", and (ii) when he or she prints his or her name in section (B), also write the words "as attorney for X", X being the name of the Claimant who has granted the power of attorney. If the attorney so appointed is a company or a partnership or other entity having its own legal personality, then (i) section (A) must be completed and signed in the manner described above, and (ii) when the name of the company (or other entity) is inserted in section (A), the words "as attorney for X" must be inserted, X being the name of the Claimant who has granted the power of attorney.

Even where an attorney has been appointed to sign the Claim Form in Box 3 on behalf of a Claimant, the Claimant must be named in Box 1.

In all cases, the attorney must submit evidence of his, her or its authority to sign as described in the notes below.

Evidence to be submitted:

In all cases other than where an individual who signs the Claim Form is claiming as a Claimant solely for his own account, evidence of the authority of the signatory(ies) to execute the Claim Form on behalf of the Claimant must be submitted with the Claim Form. Where the Claimant (or the person signing the

Claim Form on behalf of the Claimant) is a company, partnership or other entity, this evidence must consist of:

- (i) copies of, or extracts from, the company, partnership or entity's constitutional documents (such as articles of association or partnership agreement) indicating which officers or bodies of the company, partnership or entity are authorised to execute documents, or have the capacity to delegate authority to execute documents, on behalf of that company; and
- (ii) copies of, or extracts from, minutes or resolutions of the appropriate officers or bodies of the company, partnership or entity, evidencing that such authority has been delegated to the person(s) completing and signing the Claim Form on behalf of that company, partnership or entity.

For other individuals (such as personal representatives or executors) this evidence should show that the relevant individual is authorised to sign the Claim Form.

The Bank reserves the right to request that evidence of a signatory(ies) authority to execute the Claim Form has been duly legalised and/or apostilled and is accompanied by a notarised translation into the Russian language but no such legalisation and/or apostille shall be required unless so requested by the Bank.

Where a Claimant has appointed an attorney, a copy of the power of attorney must be submitted with the Claim Form, together with any other evidence of authority required to be submitted as described in the notes above. The power of attorney must authorise the attorney to execute this Claim Form. If the power of attorney has been granted under English law, that power of attorney must be executed as a deed. If the power of attorney has been granted under Kazakhstan law, that power of attorney must be notarised when applicable, signed by the authorised officer of the Claimant and its chief financial officer and duly sealed and must contain the date of issuance and term of the power of attorney.

Corrections and amendments:

If, in completing this Claim Form, any corrections or amendments, however minor, are made, each person who signs in Box 3 must also sign his or her initials next to each correction or amendment.