

**FORM OF PROXY FOR CLAIMANTS OF “BTA BANK”
JSC**

Voting Deadline: 3 December 2012

Instructions for completing and transmitting this Form of Proxy:

1. This form should be completed by all Claimants.
2. **Box 1** is to be completed for each Claim held. Complete part (i) and part (ii).

PLEASE NOTE THAT A SEPARATE FORM OF PROXY MUST BE COMPLETED IN RESPECT OF EACH CLAIM.

3. **Box 2** is the certification box. Complete all the details and sign in the appropriate place.
4. **Box 3** is your voting instruction.
 - (i) Detail at part (a) whether you would like to appoint the Chairman of the Meeting or yourself or another person as your proxy.
 - (ii) If you would like to appoint the Chairman as your proxy, please indicate at (b) whether you would like the Chairman to vote for or against the Restructuring Plan. The Chairman can only vote as directed and cannot be directed to vote at his discretion.
 - (iii) If you do not wish to appoint the Chairman of the Claimants' Meeting as your proxy, please complete your own details (if you wish to attend) or the details of your chosen proxy at (a)(ii). You can detail whether you wish your proxy to vote at his own discretion or to vote in accordance with your instructions for or against the Restructuring Plan. If you do not want your proxy to vote at his own discretion, please also complete (b).
 - (iv) The proxy must produce an appropriate proof of personal identity (for example, his or her passport or driving licence with photo-card) at the Claimants' Meeting in order to verify their identity and gain admission to the Claimants' Meeting.
5. THE DEADLINE FOR SUBMISSION OF PROXIES IS 10:00 A.M. (ALMATY TIME) ON 3 DECEMBER 2012. PLEASE MAKE SURE YOU RETURN THIS FORM TO THE BANK IN SUFFICIENT TIME FOR YOUR VOTE TO BE CAST.

General Instructions

1. Forms of Proxy may be returned to the Bank by post, fax or electronic mail as set out below:

Contact: Mr. Asset Zhaisanov
Tel: +7 727 3124671
Fax: +7 727 250 0224
Email: zhaisanov@bta.kz
2. The person appointed under this Form of Proxy must attend the Claimants' Meeting in person to represent you.
3. All references to defined terms in this Form of Proxy are to be given the same meaning as in the Information Memorandum and the Restructuring Plan.

1 CLAIM

(BOX 1)

The Claimant identified in Box 2 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:**

- RCTFF Lender (or RCTFF Agent on behalf of the RCTFF Lenders)
- Trustee in respect of the 2018 Notes
- Trustee in respect of the OID Notes
- Trustee in respect of the Subordinated Notes
- Trustee in respect of the Subordinated Tenge B Notes
- Trustee in respect of the Recovery Units
- Samruk-Kazyna in respect of the SK Deposits and the SK Guarantee Fee
- Other (please specify below):

- (ii) Claim amount (stating currency)
(being the principal amount of the
Claim plus Accrued Interest):

2 CERTIFICATION

(BOX 2)

TO BE COMPLETED BY ALL CLAIMANTS

By returning this Form of Proxy, the Claimant certifies that it:

- (a) is a Claimant;
- (b) has full power and authority to vote at the Claimants' Meeting with respect to the Claim listed in Box 1;
- (c) has received a copy of the Information Memorandum; and
- (d) has adequate information to make an informed decision regarding the Restructuring Plan.

Claimant: _____

Signature: _____

Name and title of signatory: _____

Address: _____

Tel. No: _____

Email: _____

Fax No: _____

Date: _____

TO BE COMPLETED BY ALL CLAIMANTS

The Claimant identified in Box 2 hereby:

(a) appoints the following person as its proxy

(i) THE CHAIRMAN OR (ii) **OTHER PROXY**



The Chairman, who is hereby instructed to vote as marked in paragraph (b) below



the person whose details are given immediately below:

Name: _____

Address: _____

Tel. no.: _____

Passport no: _____

and instructs its proxy to vote:

using his own discretion (if you check this box do not complete (b)) OR in accordance with the instructions given in paragraph (b) below.

(b) **(please check one box only):**

FOR the Restructuring Plan

AGAINST the Restructuring Plan

(c) is not appointing a proxy and will attend in person

IF YOU HAVE ANY QUESTIONS

If you have any questions regarding this Form of Proxy or the voting procedures or if you need a Form of Proxy or additional copies of the Information Memorandum or other enclosed materials, please contact the Bank as follows:

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