**Deposit Agreement**

**W**e ZAVTRA BANK represented by Mr/Ms/Mrs……………………………………………………… Acknowledge to have received from Mr./Ms/Mrs…………………………………………….. Passport number……………… the Amount of ……………………

AS a deposit for Account……………… At ZAVTRA BANK

City………………….. Region…………………… Zip code……………….

Management agrees that this Security deposit will be returned in full if all the conditions listed below have been met.

The clients agrees not to apply the security deposit as a share and (2) that the full monthly interest rate will be paid by the Bank in between the first 5 days of each semester.

Manager

 Client

**THE BANK WILL RETURN THE DEPOSIT IF:**

1. The client has not caused the Bank any damage by violating any terms or breaking the law.
2. A writing 30 days’ notice for a total withdrawal is given to the Bank before the 15th  of the month. No notice to withdraw will be accepted for any shorter period of time.
3. The Client has signed all documents proving that the Bank Management has continually paid the INTEREST RATE belonging to him/her.

***Note : THE CLIENT AND THE BANK MANAGEMENT IN CASE OF ANY DISPUTE OR MISUNDERSTANDING CAN TAKE ANY LEGAL MEASURE TO INSURE THE RESPECT OF THIS DEPOSIT AGREEMENT***