***SQUARE SECURITIES MANAGEMENT LIMITED***

**Appendix A**

Official Mobile Phone Issue Form

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID. No. : \_\_\_\_\_\_\_\_\_ Department : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office/Branch : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Joining : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Confirmation : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed ceiling for monthly in bill (in Taka) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Justification for the issue of Official Mobile Phone and the Monthly Ceiling | : |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Signature of the Incumbent** | : |  |  | **Head of the Department** | : |  |
| Name | : |  |  | Name | : |  |
| Designation | : |  |  | Designation | : |  |
| Date | : |  |  | Date | : |  |

**Approved / Not Approved**

Managing Director

………………………………………………………………………………………………………

*(To be filled up by SCM Department)*

Issued Set (Model No.) :

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Issued Set (Model No.) | : |  |  | Price (in Taka) | : |  |
| Authorized Signature | : |  |  | Phone No. | : |  |
| Recipient’s Signature | : |  |  | Date | : |  |