***SQUARE SECURITIES MANAGEMENT LIMITED***

**Appendix A**

**Official Mobile Phone Issue Form**

**(Form to be filled by concerned supervisor)**

**(Details of the persons for whom mobile to be issued) (Set & SIM/Only SIM)**

Name: …………………………………………………………………………… ID No: ……………………………………...

Designation: …………..…………………….. Department: ………..……...……… Work Location: …………...………….

Date of Joining: ……………………………………......…..

Proposed ceiling for monthly bill (In Taka): ……………………………..…………………………………………………..

Justification for the issue of official mobile phone and the monthly ceiling:

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**Recommended by: Recommended by: Recommended by:**

The Concern Supervisor Operation Head Head of HRD

Name: …………………………………… Name: …………………………………… Name: ……………………………

Designation: …………………………….. Designation: …………………………….. Designation: ……………………..

Signature & Date: Signature & Date: Signature & Date:

**Approved / Not Approved**

**Director (A&F)**

………………………………………………………………………………………………………..…………….......................

*(To be filled up by SCM Department*)

Issued Set (Model No)**:** ………………………..…………………………… Price (In Taka) …………….………………..

Authorized Signature (Commercial)**:** ………………………….……….......New SIM No**:** .............................................

Recipient’s Signature**:** ……………………................................................Date**:** ……………...………………………….