



# AL-HAJ SECURITIES & STOCKS LTD.

Member, Dhaka Stock Exchange Ltd.  
Room No. 306, Stock Exchange Building, 9/F Motijheel C/A, Dhaka-1000  
Tel : 9551534, 7176021, 9564601-7, Ext. 306, Mobile :  
SEC REG # 3.1/DSE-93/2007/166



## FORM - 1A

[Sec rule 8(1)(ccc)]

### CUSTOMER ACCOUNT OPENING FORM

Client Code No: 1 0 8 3 4 Date Account Opened: 26.07.2011

Account Type : Cash ☒ Margin ☐ Special Remarks, if

#### Customer Details

Name of the Customer : DR. AHMAD KAMRUZZAMAN MAJUMDER

Date of Birth : 29.12.1979 Sex : Male ☒ Female ☐

Father's/Husband's/CEO's Name : ABU AHMAD MAJUMDER

Mother's Name : LATIFA AHMAD

Voter ID No. :

Contact Address : Flat No D/3, ORIENTAL ORCHED, 1 NO NEW BAITLY ROAD,

Permanent Address : VILL. BANSHIPARA, PO TDS. CHHAQALNIYA, DIST. FENI DHAKA

Nationality : BANGLADESHI Occupation : UNIVERSITY TEACHER

Telephone : Off. : Res. : Mobile : 01712017725

Signature : [Signature] Date : \_\_\_\_\_

#### Joint A/C Holder Details

Name : \_\_\_\_\_ Sex : Male ☐ Female ☐

Date of Birth : \_\_\_\_\_

Father's/Husband's/CEO's Name : \_\_\_\_\_

Mother's Name : \_\_\_\_\_

Contact Address : \_\_\_\_\_

Permanent Address : \_\_\_\_\_

Nationality : \_\_\_\_\_ Occupation : \_\_\_\_\_

Telephone : Off. : Res. : Mobile : \_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Service Requirement SMS ☒ Email ☐ E-mail No : \_\_\_\_\_

#### Introducer Information

Name : SHAHRIAR IQBAL

Address : 38, MIRPUR ROAD, DHANMONDI, DHAKA-1205

Code No. : 10290

Signature : [Signature] Date : 26.07.2011

#### Authorized person of the Client (If any)

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

Address : \_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Signature of the Member / Members / Partners / Director / Officer / Manager / Excepting the A/C Stock Exchange





**BO ACCOUNT OPENING FORM**

(Bye Law 7.3.3 (b))

Please complete all details in CAPITAL letter, Please fill all names correctly All communication shall be sent only to the First Name Account Holder's correspondence address.

Application No 

Date (DDMMYYYY) - 04 08 2011

Please Tick Whichever is Applicable

Bo Category : Regular ☒Omnibus ☐Clearing ☐Bo Type : Individual ☒Company ☐Joint Holder ☐

Name of CDBL Participant (Up to 99 Characters)

**Al-Haj Securities & Stocks Ltd.**

CDBL Participant ID

2 2 7 0 0

BO ID

1

2 0 2 2 7 0 0

4 3 7 8 8 8 6 1

Date Account Opened (DDMMYYYY)

0 4 0 8 2 0 1 1

I/We request you to open a Depository Account in my / our name as per the following details :

**1. First Applicant**

Name in Full of Accounts Holder (Up to 99 Characters)

**AHMAD KAMRUZZAMAN MAJUMDER**

Short Name of Accounts Holder (Insert full name starting with Title i.e. Mr./Mrs./Ms/Dr, abbreviate only if over 30 characters)

Title i.e. Mr./Mrs./Ms/Dr

**AHMAD KAMRUZZAMAN MAJUMDER****DR.**

(In case of a Company/Firm/Statutory Body) Name of Contact Person

In Case of Individual

Male ☒Female ☐

Occupation (30 Characters)

**UNIVERSITY TEACHER**

Father's / Husband's Name

**ABU AHMAD MAJUMDER**

Mother's Name

**LATIFA AHMAD****2. Contact Details:**

Address

**Flat No D/3, ORIENTAL ORCHED, 1 NO NEWBAILY ROAD  
SHANTINAGAR, RAMNA, DHAKA**

City

**DHAKA**

Post Code

State / Division

**DHAKA**

Country

**BANGLADESH**

Telephone

Mobile Phone

**0172017725**

Fax

E-mail

**kamrulsws@latmail.co****3. Passport Details:**

Passport No

**AB425859A**

Issue Place

**DHAKA**

Issue Date

**17 JULY 2011**

Expiry Date

**16 JULY 2016****4. Bank Details:**

Bank Name

**EXIM BANK LTD.**

Branch Name

**SATMASJID**

Account No

**02812100083001**Electronic Dividend Credit : Yes ☒No ☐Tax Exemption if any : Yes ☐No ☒

Tin / Tax ID :

**5. Others Information**Residency : Resident ☒Non Resident ☐

Nationality

**BANGLADESHI**

Date of Birth (DDMMYYYY)

**29 12 1979**Statement Cycle Code Daily ☐Weekly ☐Fort nightly ☐Monthly ☐Other ☒

(Please Specify)

Internal Ref. No (To be filled in by CDBL Participant)

In Case of Company :

Date of Registration (DDMMYYYY)

Registration No.

**6. Joint Applicant (Second Account Holder)**

Name in Full (Up to 99 Characters)

**N/A**

Short Name of Account Holder (Insert full name starting with Title i.e. Mr./Mrs./Ms/Dr, abbreviate only if over 30 character)

Title i.e. Mr./Mrs./Ms/Dr



## 7. Account Link Request

Would you like to create a link to your existing Depository Account? Yes ☐ No ☒

If yes, then please provide the Depository BO Account Code (8 Digits) :

## 8. Nominees/ Heirs

If account holder (s) wish to nominate person (s) who will be entitled to receive securities outstanding in the account in the event of the death of the sole account holder / all the joint account holders, a separate nomination Form - 23 must be filled up and signed by all account holders and the nominees giving names of nominees, relationship with first account holder, percentage distribution and contact details. If any nominee is a minor, guardian's name, address, relationship with nominee has also to be provided.

## 9. Power of Attorney (POA)

If account holder (s) wish to give a Power of Attorney (POA) to someone to operate the account, a separate Form - 20 must be filled up and signed by all account holders giving the name, contact details etc, of the POA holder and a POA document lodged with the form.

## 10. To be filled in by the Stock Broker / Stock Exchange in case the application is for opening a Clearing Account

Exchange Name	DSE <input checked="" type="checkbox"/>	Trading ID	<u>10</u>	CSE <input type="checkbox"/>	Trading ID	<input type="text"/>
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## 11. Photograph

	Please paste recent passport size Photograph of 2nd Applicant or Authorized Signatory in case of Limited Co. Only	Please paste recent passport size Photograph of Authorized Signatory in case of Limited Co. Only
1st Applicant or Authorized Signatory in case of Ltd. Co.	2nd Applicant or Authorized Signatory in case of Ltd. Co.	Applicant or Authorized Signatory in case of Ltd. Co.

## 12. Standing Instructions

I/We authorize you to receive facsimile (fax) transfer instructions for delivery. Yes ☐ NO ☐

## 13. Declaration

The rules and regulations of the Depository and CDBL Participant pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/We also declare that the particulars given by me/us are true to the best of my/our knowledge as on the date of making such application. I/We further agree that any false/misleading information given by me/us or suppression of any material fact will render my/our account liable for termination and further action.

Applicants	Name of applicants	Signature with date
First Applicants	<u>DR. AHMAD KAMRUZZAMAN MAJUMDER</u>	<u>[Signature]</u>
Second Applicants	<u>[Signature]</u>	<u>[Signature]</u>
3rd Signatory (Ltd. Co. only)	<u>[Signature]</u>	<u>[Signature]</u>

## 14. Special Instructions on operation of Joint Account

☐ Either of Survivor. ☐ Any one Can operate ☐ Any two will operate jointly

☐ Account will be operated by N/A with any one of the others.

## 15. Introduction

Introduction by an existing account holder of	<b>Al-Haj Securities &amp; Stocks Ltd.</b> (Depository Participant's Name)
I confirm the identity, occupation and address of the applicant (s)	<u>SHAHRIAR IQBAL</u> Introducer's Name
<u>Shahriar Iqbal</u> (Signatures of Introducer)	Account ID <u>1202270018135311</u>



**BO ACCOUNT NOMINATION FORM**

Please complete all details in CAPITAL letter, Please fill all names correctly. All communication shall be sent only to the correspondence address only the First Named Account Holder as Specified in BO Account Opening Form - 20.

Application No 

Date (DDMMYYYY)- / / 201

(Name of CDBL Participant) **Al-Haj Securities & Stocks Ltd.**

CDBL Participant ID

**2 2 7 0 0**Account holder's BO ID **1 2 0 2 2 7 0 0** 

Name of Account Holder (Insert full name starting with Title i.e. Mr./Mrs./Ms/Dr, abbreviate only if over 30 characters)

I/We nominate the following person(s) who is/are entitled to receive securities outstanding in my/our account in the event of death of the sole holder/all the joint holders.

**1. Nominee/Heirs Details****Nominee 1**Name in Full **MARUFA GULSHAN ARA**

Short name of Power of Nominee (Insert full name starting with Title i.e. Mr./Mrs./Ms/Dr, abbreviate only if over 30 characters)

**MARUFA GULSHAN ARA**

Title i.e. Mr./Mrs.

Relationship with A/C Holder **WIFE**Percentage (%) **100%**Address **ORIENTAL ORCHED, FLAT NO-D/3, 1 NO NEW BAILY ROAD  
RAMNA, DHAKA**City **DHAKA** Post Code State / Division Country **BANGLADESH**Telephone Mobile **01712017725** Fax E-mail

Passport No. Issue Place Issue Date Expiry Date

Residency: Resident ☐ Non Resident ☐ Nationality Date of Birth (DDMMYYYY) **16101990****Guardian's Details (if Nominee is a Minor)**

Name in Full :

Short Name of Account Holder (Insert full name starting with Title i.e. Mr./Mrs./Ms/Dr, abbreviate only if over 30 characters)

Relationship with Nominee Date of Birth of Minor (DDMMYYYY) Maturity Date of Minor (DDMMYYYY)

Address

City Post Code State / Division Country

Telephone Mobile Fax E-mail

Passport No. Issue Place Issue Date Expiry Date

Residency: Resident ☐ Non Resident ☐ Nationality Date of Birth (DDMMYYYY)



**Nominee 2**

Name in Full

Short Name of Nominee (Insert full name starting with Title i.e. Mr./Mrs./Ms/Dr, abbreviate only if over 30 characters)

Title i.e. Mr./Mrs./Ms.

Relationship with A/C Holder

Percentage (%)

Address

City

Post Code

State / Division

Country

Telephone

Mobile

Fax

E-mail

Passport No.

Issue Place

Issue Date

Expiry Date

Residency : Resident ☐Non Resident ☐

Nationality

Date of Birth (DDMMYYYY)

**Guardian's Details (if Nominee is a Minor)**

Name in Full

Short Name (Insert full name starting with Title i.e. Mr./Mrs./Ms/Dr, abbreviate only if over 30 characters)

Relationship with Nominee

Date of Birth of Minor (DDMMYYYY)

Maturity Date of Minor (DDMMYYYY)

Address

City

Post Code

State / Division

Country

Telephone

Mobile

Fax

E-mail

Passport No.

Issue Place

Issue Date

Expiry Date

Residency : Resident ☐Non Resident ☐

Nationality

Date of Birth (DDMMYYYY)

**2. Photograph of Nominee / Heirs**Please paste recent  
passport size PhotographPlease paste recent  
passport size PhotographPlease paste recent  
passport size Photograph

Nominee / Heir 1

Nominee / Heir 2

Guardian 1

Guardian 2

Name

Signature

Nominee / Heir 1

MARUFA GULSHAN ARA

MARUFA GULSHAN ARA

Guardian 1

Nominee / Heir 2

Guardian 2

First Account Holder

DR. AHMAD KAHRUZZAMAN MAJUMDER

Ahmed

Second Account Holder



(b) By transfer of all existing balances in my/our account to one or more of my/our accounts) held with any other CDBL Participants)

(c) By rematerialization of a part of the existing balances in my/our account and by transferring the rest to one or more of my/our other account(s) with any other CDBL Participant(s)

8. CDBL Participant covenants that it shall

(a) act only on the instructions or mandate of the Account Holder or that of such person(s) as may have been duly authorized by the Account Holder in that behalf.

(b) not effect any debit or credit to and from the account of the Account Holder without appropriate instructions from the Account Holder.

(c) maintain adequate audit trail of the execution of the instructions of the Account Holder.

(d) not honour or act upon any instructions for effecting any debit to the account of the Account Holder in respect of any securities unless:

(i) Such instructions are issued by the Account Holder under this signature or that of his/its constituted attorney duly authorized in that behalf;

(ii) The CDBL Participant is satisfied that the signature of the Account Holder under which instructions are issued matches with the specimen of the Account Holder or his/its constituted attorney available on the records of the CDBL Participant;

(iii) The balance of clear securities available in the Account Holder's account are sufficient to honour the Account Holder's instructions.

(e) furnish to the Account Holder a statement of account at the end of every month if there has been even a single entry or transaction during that month, and in any event once at the end of each financial year. The CDBL Participant shall furnish such statements at such shorter periods as may be required by the Account Holder on payment of such charges by the Account Holder as may be specified by the CDBL Participant. The Account Holder shall scrutinize every statement of account received from the CDBL Participant for the accuracy and veracity thereof and shall promptly bring to the notice of the CDBL Participant any mistakes, inaccuracies or discrepancies in such statements.

(f) promptly attend to all grievances/complaints of the Account Holder and shall resolve all such grievances/complaints as it relate to matters exclusively within the domain of the CDBL Participant within one month of the same being brought to the notice of the CDBL Participant and shall forthwith forward to and follow up with CDBL all other grievances/complaints of the Account Holder on the same being brought to the notice of the CDBL Participant and shall endeavor to resolve the same at the earliest.

9. The CDBL Participant shall be entitled to terminate the account relationship in the event of the Account Holder:

(a) Failing to pay the fees or charges as may be mutually agreed upon within a period of one month from the date of demand made in that behalf;

(b) Submitting for dematerialization any certificates or other documents of title which are forged, fabricated, counterfeit or stolen or have been obtained by forgery or the transfer whereof is restrained or prohibited by any direction, order or decree of any court or the Securities and Exchange Commission.

(c) Commits or participates in any fraud or other act of moral turpitude in his/its dealings with the CDBL Participant;

(d) Otherwise misconducts himself in any manner.

10. Declaration and Signature

I/we hereby acknowledge the I/We have read and understood the aforesaid terms and conditions for operating Depository Account (BO Account) with CDBL Participant and agree to comply with them.

Applicant	Name of applicants	Signature with date
First Applicant	DR. AHMAD KAMRUZZAMAN HAJUMDER	Ahmed
Second Applicant		
3rd Signatory (Ltd Co. only)		