



CUSTOMER ACCOUNT INFORMATION

Security A/c No. :

Account Type : Cash ☒ Margin ☐ Special Remark if any : _____ Photograph of Account Holder

Name of the Customer : Md. Amirul Islam

Father's/Husband's/CEO's(in case of Firm or Company) Name : Late Alhaj Ali Hossain

Mother's Name : Begum Lutfu Hossain

Date of Birth : 1948-01-01 Age : _____ Sex : ☒ Male ☐ Female, Occupation Retd. Banker

Present address : Appt. # 304, Building # B-7, Manoshi Lake View Apartment, 1. Box Nagar, Mirpur-1.

Permanent address : _____

Tel (if any) : 8013743 Nationality : Bangladeshi National ID :

Name Of Joint Account Holder : _____

Father's/Husband's Name : _____

Mother's Name : _____

Date of Birth : _____ Age : _____ Sex : ☐ Male ☐ Female, Occupation _____

Present address : _____

Permanent address : _____

Tel (if any) : _____ Nationality : _____ National ID :

Name with Address of the Authorized Person of the Customer,if Applicable : _____

Officer or Director of any Stock Exchange/Listed Company? : _____

Yes ☐

No ☐

If yes, Name of the Stock Exchange/Listed Company : _____

Bank name : _____ Branch : _____

A/C no : _____ Routing no : _____

Beneficiary Owner Account No. :

Name & Address of the Person Introducing the Customer, if any : _____

Special Instruction, if any : _____

Mode of operation : (Jointly/Any one can operate) : _____

Signature of the Authorized Person of the Customer, if any

Date : _____

Signature of the Person Introducing the Customer

Date : _____

Signature of the Customer

Date : _____

Signature of the Member/Member's Accepting the Account

Date : _____

Signature of the Joint Account Holder

Date : _____

TERMS AND CONDITIONS

"BROKER" shall mean UNITED FINANCIAL TRADING COMPANY LIMITED.

"BUYER" shall mean the person or persons or company who intends to buy securities through the BROKER.

"SELLER" shall mean the person or persons or company who intends to sell his/her/their securities through the BROKER.

"Securities account" shall mean the account opened by the SELLER/BUYER with the BROKER to sell/buy securities.

"securities Day" shall mean the days declared by the Stock Exchange, on which transactions carried out by the BROKER on behalf of the SELLER/BUYER at the Stock Exchange are settled/cleared with Stock Exchange.

"CDBL" shall mean Central Depository Bangladesh Limited was incorporated 20th August 2000 in Bangladesh.

SALE ORDER

The SELLER shall deliver to the BROKER valid and negotiable documents. i.e., transfer/s documents duly completed and signed by the SELLER together with relative securities certificates with valid title, prior to placing a sale order. If for any reason whatsoever securities documents delivered by the SELLER turns out to be forged, invalid, worn out, torn or defaced, the defaulting SELLER shall be liable to his BROKER for any loss or damage sustained or incurred. The defaulting SELLER shall be liable to replace such securities along with all benefits attributable to such securities within two days of reporting in writing to the SELLER by the BROKER. If for any reason the defaulting SELLER fails to replace such securities along with all benefits attributable to such securities within two days of reporting in writing to the SELLER by the BROKER, The BROKER shall have the absolute discretion to square-up the transaction commencing from the market day after the stipulated period (as above), at the SELLER'S risk and the SELLER shall be liable to the BROKER for any loss or damage sustained or Incurred.

PAYMENT TO SELLER

The BROKER shall make payment to the SELLER on the settlement day, subject to the overall cash balance of the Seller's "Securities Account"

PAYMENT BY BUYER

The BUYER shall pay his BROKER on or before the settlement day balance amount (if any) including charges of all securities purchased by him during the period of dealing for that settlement. If the BUYER defaults for whatever reason, he shall be liable to his BROKER for all loss or damage sustained or incurred. In addition, to adjust the outstanding amount, the buying BROKER shall have the absolute discretion, to resell commencing from the market day after the day so settlement, the securities at the BUYER'S risk and the BUYER shall be liable to the buying BROKER for any loss or damage sustained incurred.

SETTLEMENT THROUGH CDBL

If the CDBL is involved in the settlement process client should follow the under mention rules.

Client must maintain a Beneficiary Owner account with any depository participant, and client must inform the broker his BO account number with authentic document.

Before place any sell order client must transfer his shares from his BO account to broker clearing account with related instruction.

Client will pay the charges of CDBL, if necessary to transfer the shares from client BO account to broker clearing account and clearing account to BO account

Broker reserve the absolute right to deduct the charges at source where applicable related to client CDBL operation.

Client will be liable any losses or damages occurred due to wrong or incorrect information related to CDBL is given by the client.

GOVERNING LAW

All transactions shall be subject to the rules and regulations, of the Securities and Exchange Commission/ Dhaka Stock Exchange Limited, Chittagong Stock Exchange Limited, CDBL and other prevailing laws and regulations of Bangladesh and in particular the authority hereinafter granted by the Client to the BROKER.

AUTHORITY OF THE BROKER

Broker reserves the absolute right for sale/buy/make adjustment/transfer any at client's risk in order to set off all losses, damages and debit amount/shares/securities of "Client Account"

Client shall be bound to _____%(in word) _____
charges as brokerage to broker for buy and sell and broker can change time to time.

Client shall be bound to furnish such other particulars, documents and/or information that may reasonably require from time to time. Broker shall have the right to change /modify any terms/conditions when may deem necessary without any notice to the client. We hereby accept your above terms and conditions and we declare that the information given is true and correct.

Signature of Customer : 1. _____

2. _____

Witness : 1. Signature _____

2. Signature _____

Name _____

Name _____

Address _____

Address _____

FOR OFFICE USE ONLY :

Introduced by : _____

Approved by : _____

Signature : _____

Signature : _____

Name : _____

Name : _____

To

Managing Director & CEO

UNITED FINANCIAL TRADING COMPANY LIMITED

TREC No.- DSE:227 & CSE : 043

Sadharan Bima Tower (7th Floor)

371A, Dilkusha, Dhaka-1000.

Dear Sir

LETTER OF AUTHORISATION

I/We _____ do/so/wo _____ of

hereby authorize Mr./Mrs _____ do/so/wo _____

of _____

_____ whose specimen signature is given below (hereinafter referred to as the "Account Operator") to exclusively deal, buy, sell, transfer shares, debenture stocks, bonds and other securities on behalf of me/us with regard to the "Securities Account" opened and maintained in my name with M/s **UNITED FINANCIAL TRADING COMPANY LIMITED** submitted (thereinafter referred to as the "Broker").

I hereby authorize and instruct the "Broker" to deal, buy, sell, transfer shares, stocks, debentures, debenture stocks bonds and other securities on verbal and/or written instructions of the "Account Operator".

I also authorize the "Account or operator" to place buy/sell orders. Receive confirmation notes, receive and deliver Cheques/cash and shares other securities on my/our behalf with regard to my/our "Securities Account".

I hereby declare that I/we am full aware of all consequences of transaction that may be carried out on my/our behalf by the "Account operator" and shall take responsibility of all such transaction as that of my/our own. I/we shall fulfill and abide by all rules and regulation described in the "Securities Account Opening Form" duly completed and signed by me/us, with regard to all transaction carried out by the "Account Operator" without any demur of protest.

I hereby undertake and ensure of make good and compensate for any loss or damage incurred and sustained by the "Broker" for any reason whatsoever as a result of any transaction carried out by the "Account Operator".

☐ Cheque Collect ☐ Cheque Deposit ☐ Share Collect ☐ Share Deposit ☐ Portfolio Statement Collect ☐ Buy/Sell/ Order slip Deposit

Thank you

Yours Sincerely

(Signature of Account Operator)

1. _____

2. _____

1. _____

2. _____

Date: _____

(Attested by Account Holder)

witness: 1. Signature : _____

1. Signature : _____

Name : _____

Name : _____

Address : _____

Address : _____

BO Account opening Form

By law 7.3.3 (b)

Please complete all details in CAPITAL letters. Please fill all name correctly. All communication shall be sent to the First Named Account Holder's correspondence address.

Application No. : _____

Please Tick whichever is applicable

Date : (DD/MM/YYYY) _____

BO Category : Raguler ☐ Omnibus ☐ Clearing ☐ **Bo Type :** Individual ☐ Company ☐ Joint Holder ☐
Name of CDBL Participant (up to 99 Character) : **UNITED FINANCIAL TRADING COMPANY LIMITED**

CDBL participant ID

BO ID

Date of Account opened day (DD MM YYYY)

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 Account Holder (up to 99 Characters) _____

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. _____

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

(In case of Individual Male ☐ Female ☐ Occupation (30 Characters) _____

Father's /Husband's Name : _____

Mothers Name : _____

2. Contact Details

Address _____

City _____ Post Code _____ State/Division _____ Country _____ Telephone _____

Mobile Phone _____ Fax _____ Email _____ NID _____

3. Passport Details :

Passport No. _____ Issue place _____ Issue Date _____ Expiry Date _____

4. Bank Details

Routing No		Bank Identifier Code (BIC)	
Bank Name		Branch Name	
Bank A/C No.		District Name	
SWIFT Code		International bank A/C No.(BAN)	

5. Electronics Dividend Credit:

Yes ☐ No ☐ Tax Exemption if any. Yes ☐ No ☐ TIN/Tax ID : _____

Other Information :

Residency: Resident ☐ Non Resident ☐ Nationality ☐ Date of Birth (DD/MM/YYYY) _____Statement Cycle Code Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Other (please specify) _____

Internal Ref No (To be filled in by CDBL participant) UFTCL#

In Case of Company :

Date of Registration (DD/MM/YYYY)

Registration No. _____

7. Joint Applicant(Second Account Holder) :

Name in full (up to 99 Characters) _____ NID _____

Short Name of Account 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 _____

8. Account Link Request :

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

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

9. 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 its 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 minor, guardians name, address, relationship with nominee has also be provided.

10. Power of Attorney (POA)

If account holder (s) wish to given 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 o the PoA holder and a PoA document lodged with the form.

11. To be filled in by stock broker/ stok exchange in case the application is for opening a clearing account

Exchange name : DSE ☐ Trading ID: 10 CSE ☐ Trading ID: 11

12. Photograph

Choose File No ...sen

1st Applicant or Authorized Signatory in case of Ltd. Co.

Choose File No ...sen

2nd Applicant or Authorized Signatory in case of Ltd. Co.

Choose File No ...sen

Authorized Signatory in case of Ltd. Co.

13. Standing instructions

I/we authorize you to receive facsimile (fax) transfer instruction for delivery. Yes ☐ No ☐

14. 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 declared that the particulars given by me/us are ture 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 materail fact will render my/our account liable for termination and further action.

Applicant	Name of Applicant/Authorized Signatories in cas of Limited Co	Signature with date
First Applicant		
Second Applicant		
3rd Signatory (Ltd. Co. only)		

15. Spacial Instruction on Operation of Joint Account

☐ Either or Survivor ☐ Any one can operate ☐ Any two will operate jointly
☐ Account will be operated by With any one of the others. ☐ Operated by PoA

16. Introduction

Introduction by an existins account holder of **UNITED FINANCIAL TRADING COMPANY LIMITED**

 Depository participant's name
 Confirm the identity, occupation and address of the applicants (s)

 Signature of introducer Introducer's Name:
 Account ID

BO Account Nomination Form

Please complete all details in CAPITAL Letters. Please fill all name correctly. All communication shall be sent to the correspondence address of only the First Named Account Holder as specified in Bo Account opening Form 02.

Application No. Date: (DD/MM/YYYY)

Name of CDBL Participant (up to Character)

CDBL Participant ID

UNITED FINANCIAL TRADING COMPANY LIMITEDAccount Holder's Bo ID

Name of Account 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.

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

1. Nominee/Heirs Details

Nominee 1**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/Dr.

Relationship with A/C Holder :

Percentage(%) :

Address :

City

Post Code

State/Division

Country

Telephone

Mobile Phone

Fax

Email

Passport No.

Issue Place

Issue Date

Expiry Date

Residency: Resident ☐Non Resident ☐

Nationality

Date of Birth (DD/MM/yyyy)

NID

Guardian's Details (If Nominee is a Minor)**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/Dr.

Relationship with A/C Holder :

Percentage(%) :

Address :

City

Post Code

State/Division

Country

Telephone

Mobile Phone

Fax

Email

Passport No.

Issue Place

Issue Date

Expiry Date

Residency: Resident ☐Non Resident ☐

Nationality

Date of Birth (DD/MM/yyyy)

NID

Nominee 2

Name in full

Short name of nominee(Insert full name starting with Title i.e. MrJMrs"/Ms/Dr. abbreviate only if over 30 characters)

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

Relationship with A/C Holder :

Percentage(%) :

Address :

CityPost CodeState/DivisionCountryTelephone

Mobile PhoneFaxEmail

Passport No. Issue Place Issue Date Expiry Date

Residency: Resident Non Resident Nailonativity Dareof Birth(DD/MM/yyyy)

NID

Guardian's Details (If Nominee is a Minor)

Name in full

Short name of nominee(Insert full name starting with Title i.e. MrJMrs"/Ms/Dr. abbreviate only if over 30 characters)

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

Relationship with A/C Holder :

Percentage(%) :

Address :

CityPost CodeState/DivisionCountryTelephone

Mobile PhoneFaxEmail

Passport No. Issue Place Issue Date Expiry Date

Residency: Resident Non Resident Nailonativity Dareof Birth(DD/MM/yyyy)

2. Photograph of Nominees/Hirs

Choose FileNo ...sen

Nominee/Heir 1

Choose FileNo ...sen

Nominee/Heir 2

Choose FileNo ...sen

Guardian 1

Choose FileNo ...sen

Guardian 2

	Name	Signature
Nominee/Heir 1		
Guardian 1		
Nominee/Heir 2		
Guardian 2		
First Account Holder		
Second Account Holder		

Power of Attorney (POA) Form

Please complete all details in CAPITAL Letters. Please fill all names correctly. All communications shall be sent to the correspondence address of only the First Named Account Holder as specified in BO Account Opening Form 02.

Application No.

Date: (DD/MM/YYYY)

Name of CDBL Participant (up to Character)

CDBL Participant ID

UNITED FINANCIAL TRADING COMPANY LIMITED

Account Holder's Bo ID

Name of Account 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.

Power of Attorney Holder's Details

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/Dr.

1. Power of Attorney Holder's contact Details

Address

City

Post Code

State/Division

Country

Telephone

Mobile Phone

Fax

Email

2. Power of Attorney Holder's contact Nationality and passport

National ID No. :

Passport No.

Issue Place

Issue Date

Expiry Date

3. Others information of power of Attorney Holder

Residency: Resident ☐

Non Resident ☐

Nailonativity ☐

Dareof Birth(DD/MM/yyyy)

Power of Attorney Effective From

To

DDMMYYYY

DDMMYYYY

Remarks (Insert reference to POA document i.e. POA or General POA etc.):

4. Photograph of Power of Attorney Holder

Choose File

No file chosen

(POA Holder)

5. 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 suppression of any material fact will render my/our account liable for termination and further action.

Applicant	Name of applicantAuthorized Signatories in case of Ltd.Co.	Signature
POA Holder		
First Applicant		
Second Applicant		
3rd Signatory (Ltd.Co. Only)		

Central Depository Bangladesh Limited (CDBL)
Depository Account (BO Account) opened with CDBL Participant
Terms & Conditions - Bye Laws 7.3.3 (c)

UNITED FINANCIAL TRADING COMPANY LIMITED

TREC Holder Dhaka & Chittagong Stock Exchange Ltd.

TREC No.- DSE:227 & CSE : 043

Full Service Depository Participant Of CDBL , DP No. 31100

Dear Sir,

Please open a Depository account (BO Account) in my/our name (s) on the terms and conditions set out below. In consideration of **UNITED FINANCIAL TRADING COMPANY LIMITED** (the 'CDBL Participant' opening the account providing depository account facilities to me/us, I/we have signed the BO Account Opening Form as a token acceptance of the terms and conditions set out below.

1. I/we agree to be bound by The Depositories Act 1999. Depositories Regulations 2000 The Depository (User) Regulations 2003 and abide by the Bye Laws and operating Instructions issued From time to time by CDBL.
2. CDBL shall allocate a unique identification number to me/us (Account Holder BO ID) for the CDBL Participant to maintain a separate Account for me/us unless the I/we instructs the CDBL Participant to keep the securities in an Omnibus Account of the CDBL Participant. The CDBL Participant shall however ensure that my/our securities shall not be mixed with the CDBL Participant's own securities.
3. I/we agree to pay such fees, charges and deposits to the CDBL Participant, as may be mutually agreed upon for the purpose of opening and maintaining my/our account, for carrying out the instructions and for rendering such other services as are incidental or consequential to my/our holding securities in and transacting through the said depository account with the CDBL Participant.
4. I/we shall be responsible for:
 - a. The veracity of all statements and particulars set out in the account opening form, supporting or accompanying documents.
 - b. The authenticity and genuineness of all certificates and/or documents submitted to the CDBL Participant along with or in support of the account opening form or subsequently for dematerialization.
 - c. Title to the Securities submitted to the CDBL Participant from time to time dematerialization.
 - d. Ensuring at all times that the securities to the credit of my/our account are sufficient to meet the instructions issued to the CDBL Participant for effecting any transaction/transfer.
 - e. Informing the CDBL Participant at the earliest of any changes in my/our account particulars such as address, bank details, status, authorizations, mandates, nomination, signature etc.
 - f. Furnishing accurate identification details whilst subscribing to any issue of securities.
5. I/we shall notify the CDBL Participant of change in the particulars set out in the application form submitted to the CDBL Participant at the time of opening the account or furnished to the CDBL Participant from time to time at the earliest. The CDBL Participant shall not be liable or responsible for any loss that may be caused to me/us by reason of my/our failure to intimate such change to the CDBL Participant at the earliest
6. I/we have executed at BO Account Nomination form:
 - a. In the event of my/our death, the nominee shall receive/draw the securities held in my/our account.
 - b. In the event, the nominee so authorized remains a minor at the time of my/our death the legal guardian is authorized to receive/draw the securities held in my/our account.
 - c. The nominee so authorized, shall be entitled to all my/our account to the exclusion of all other persons i.e. my/our heirs, executors and administrators and all other persons claiming through or under me/us and delivery of securities to the nominee in pursuance of this authority shall be binding on all other persons.
7. I/we may at any time call upon the CDBL Participant to close my/our account with the CDBL Participant provided no instructions remain pending or unexecuted and no fees or charges remain payable by me/us to the CDBL Participant. In such event I/we may close my/our account by executing the Accounting Closing Form if no balances are standing to my/our credit in the account. In case any balances of securities exist in the account the account may be closed by me/us in one of the following ways:
 - a. By dematerialization of all existing balance in my/our account.

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 his 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 CD Participants.
 - iii. The balance of clear securities available in the account holder's are sufficient to honour the account Holder's instructions.
- e. (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. (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 endeavour 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.

1. 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.
2. Submitting for dematerialization any certificates or other documents of title which 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.
3. Commits or Participates in any fraud or other act of moral turpitude in his/its dealing with the CDBL Participant.
4. Otherwise misconduct's himself in any manner.

10. Declaration and signature I/we hereby acknowledge that 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 applicant/Authorized Signatories in case of Ltd.Co.	Signature
First Applicant		
Second Applicant		
Third Applicant		

UNITED FINANCIAL TRADING COMPANY LIMITED

KYC Profile Form

Write in Block Letter

1.Customer's Name : _____

2. Father/Husband's Name : _____

3. Mother's Name : _____

4. Present Address : _____
: _____

5. Permanent Address : Thana/Upazila _____ Union _____
: District/City _____ Division _____ Post Code _____

6. Specify the proof of indentity submitted

7.Address Verified by : Name _____ Signature _____

8.Occupasion : Service ☐ Business ☐ Student ☐ Others ☐

9.Office/Work/Educational Institution/Owner's Name and Address : _____
: _____
Designation _____ Phone/Mobile _____

10.Date of Birth :

11.Mobile Number :

12.Gender : Male ☐ Female ☐

13.ID Type : National ID ☐ Passport ☐ Driving License ☐ Others ☐

14. National ID Nmuber :

15.Bank Account Details : Bank Name _____ Branch _____
Account No. _____

16.Introducer : Name _____
Information : Address _____
Phone/Mobile No. _____ T&T _____
Relation _____ UFTCL Code _____

17.Whether the address of the account holder is/are verified : Yes ☐ No ☐

18.If reply is positive then mention the way of the verification : By Courier ☐ By Personal ☐

Customer Signature

Delear/Associate Signature

Introducer Signature

Office Use only :	_____	_____	_____
	DP	Branch Incharge	Incharge

