CDBL Bye Laws Form 02

BO Account Opening Form (Bye Law 7.3.3 (b))

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

pplication No	Date (DDMMYYYY)
ease Tick whichever is applicable	
BO Category: Regular Omnibus Clearing	BO Type: Individual Company Joint Holder Joint Holder
lame of CDBL Participant (Up to 99 Characters)	
CDBL Participant ID BO ID	Date Account Opened (DDMMYYYY)
I / We request you to open a Depository Account in	my / our name as per the following details:
1. First Applicant	
ame 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 characters) Title i.e. Mr. /Mrs. /Ms. /Dr.
	I I a h
(In case of a Company/Firm/Statutory Body) Name of Contact Person	
In Case of Individual Male Female	Private Service
Occupation Fakir Mohammad	on (30Characters) Private Service
Fauter 87 Husbatiu 8 Natrie	
Mother's Name. Rowsan Ara Begum	
2. Contact Details:	
Address 25/1, Urdu Road, Chwok Bazar, Dhaka	
	Dhaka Bangladesh
	Dhaka Bangladesh Country
Mobile Phone	ailsamimxp@gmail.com
3. Passport Details	
Passport No	Issue Date
	8813002586
	8813002586 Na Account Number
Bank Name. Pubali Bank Lifflied Brar	nch Name Progoti Sharani SME District Name
Bank Identifier Code (BIC)	IFT Code International Bank A/C No.(IBAN)
Electronic Dividend Credit: Yes No Tax Exemption if any:	: Yes No TIN/Tax ID :
5. Others Information	
Residency: Resident Non Resident Nationality. Bang	gladeshi Date Of Birth (DDMMYYYY) Invalidd da
	nthly Other (Please Specify)
Internal Ref. No (To be filled in by CDBL Participant)	
National ID Card Number: 3708909696	
In Case of Company: Registration No	Date of Registration (DDMMYYYY)
6. Joint Applicant (Second Account Holder)	
Name in Full (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 characters) Title i.e. Mr. /Mrs. /Ms. /Dr.

7. Account Link Request Would you like to create a link to your existing Depository Account? Yes 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 fiiled 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 Trading ID..... Trading ID..... Exchange Name DSE 11. Photograph Please paste Please paste recent passport recent passport size Photograph of size Photograph of ^{2nd} Applicant or Authorized Authorized Signatory in case Signatory in case of Limited Co. Only of Limited Co. Only 1st Applicant or Authorized ^{2nd} Applicant or Authorized Authorized Signatory in Signatory in case of Ltd Co. Signatory in case of Ltd Co. case of Ltd Co. Only 12. Standing Instructions I/We authorize you to receive facsimile (fax) transfer instructions for delivery. 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 / Authorized signatories in case of ltd Co. Signature with date First Applicant Muhammad Shamiullah Second Applicant 3rd Signatory 14. Special Instructions 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. 15. Introduction Introduction by an existing account holder of Depository Participant's Name I confirm the identity, occupation and address of the applicant(s)..... Introducer's Name (Signature of Introducer)

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