

The form has been uploaded here with some dummy information for your kind information:

Application for New Office Permission

1. Application Info

2. Office Info.

3. Attachments

4. Declaration

5. Payment & Submit

Basic Company Information (Non editable info. pulled from the basic information provided at the first time by your company)

Company Information:

Department

Registration & Incentives-I (Commercial)

Name of Organization

HelloTalk

Name of Organization (Bangla)

HelloTalk

Desired Service from BIDA

Registered Commercial Offices

Commercial office type

Government Organization

Ownership status

Company

Type of the organization

Goveronment organization

Major activities in brief

Information of Principal Promoter/ Chairman/ Managing Director/ State CEO:

Country

Bangladesh

NID No.

9565464564654

Full Name

daudul islam

Police Station/ Town

Chhagalnaiya

House, Flat/ Apartment, Road

House, Flat/ Apartment, Road

Mobile No.

+880 1521-394024

Email

daud@gmail.com

Fax No.

Gender

Male

Date of Birth

27-Sep-2020

Designation

web developer

District/ City/ State

Feni

Post/ Zip Code

1111

Telephone No.

+880 1521-394024

Father's Name

Father's Name

Mother's Name

mother name

Spouse name

1

Office Address:

Division

Barisal

Police Station

Agailjhara

Post Code

4512

Telephone No.

+880 1521-394024

Fax No.

District

Barisal

Post Office

office

House, Flat/ Apartment, Road

House

Mobile No.

+880 1521-394024

Email

dhaka@mail.com

Basic information

Office type *

Branch office

Information about the principal company

Company information

Name of the principal company: *

Status of the organization *

Select One

House/ Plot/ Holding no.

Street name/ Street no.

City

State/ Province

Major activities in brief *

Country of origin of principal office *

Select One

Flat/ Apartment/ Floor no.

Post/ Zip code

Email

Telephone no.

+880 1812-345678

Fax no.

The capital of the principal company (in US \$)

(i) Authorized capital *



(ii) Paid up capital *



Information about the proposed branch/ liaison/ representative office

Name of the Local company: *



Name of the Local company (Bangla):

Local address of the principal company: (Bangladesh only)

Division

Select One



District

Select division first



Police station

Select district first



Post office

Post code

House, Flat/ Apartment, Road

Telephone no.

+880 1812-345678

Mobile no.

+880 1812-345678

Fax no.

Email

Activities in Bangladesh

Activities in Bangladesh through the proposed branch/ liaison/ representative office (Max. 250 characters) *



Write here

0/250

Date of first commencement: *

dd-mm-yyyy



Target date of operation of the proposed office: *



dd-mm-yyyy



Period for which permission is sought for

Start and effective date: *

End date *

Period of validity

Payable amount

dd-mm-yyyy



dd-mm-yyyy



Proposed organizational set up of the office with expatriate and local man power ratio *

Local (a)			Foreign (b)			Grand total	Ratio	
Executive	Supporting staff	Total	Executive	Supporting staff	Total	(a+b)	Local	Foreign
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Establishment expenses and operational expenses of the office (in US Dollar)

(a) Estimated initial expenses :

(b) Estimated monthly expenses:

Necessary documents to be attached here (Only PDF file)

No.	Required attachment (you may prefer to select file from recent attachment) ?	Attached PDF file (Each File Max. size 2MB)
1 *	test doc 1 OPN-branch Recent attachment	Choose File No file chosen
N.B	All documents shall have to be attested by the Chairman/ CEO / Managing director/ Country Manager/ Chief executive of the Company/ firms.	Document's must be submitted by an authorized person of the organization including the letter of authorization.

Declaration and undertaking

a. I do hereby declare that the information given above is true to the best of my knowledge and I shall be liable for any false information/ statement given

b. I do hereby undertake full responsibility of the expatriate for whom visa recommendation is sought during their stay in Bangladesh.

Authorized person of the organization

Full Name

DAUDUL ISLAM

Designation

Designation

Mobile No.

+8801521394024

Email address

daud.fiverr@gmail.com

Picture

☐ I do here by declare that the information given above is true to the best of my knowledge and I shall be liable for any false information/ system is given.

Service fee payment

Contact name *

DAUDUL ISLAM

Contact email *

daud.fiverr@gmail.com

Contact phone *

+880 1521-394024

Contact address *

hello

Pay amount

250

VAT/TAX

2.5

Bank charge

30

Total amount

282.50

Payment status

Not Paid

Vat/ tax and service charge is an approximate amount, it may vary based on the Sonali Bank system.

Save as Draft

Payment & Submit ?

Managed by **Business Automation Ltd.** On behalf of **Bangladesh Investment Development Authority (BIDA)**