

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

Application for Office Permission Amendment

1. Application Info 2. Office Info. 3. Attachments 4. Declaration 5. Payment & Submit

Basic information

Did you receive your approval online? Yes No

Please give your manually approved office permission reference No. *

Effective date of the previous OP * dd-mm-yyyy

Office Type * Branch office

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	Government organization
Major activities in brief	

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

Country	Bangladesh	Date of Birth	27-Sep-2020 <input type="button" value=""/>
NID No.	9565464564654	Designation	web developer
Full Name	daudul islam	District/ City/ State	Feni
Police Station/ Town	Chhagalnaiya	Post/ Zip Code	1111
House, Flat/ Apartment, Road	House, Flat/ Apartment, Road	Telephone No.	+880 + 1521-394024
Mobile No.	+880 + 1521-394024	Father's Name	Father's Name
Email	daud@gmail.com	Mother's Name	mother name
Fax No.		Spouse name	1
Gender	Male		

Office Address:

Division	Barisal	District	Barisal
Police Station	Agajjhara	Post Office	office
Post Code	4512	House, Flat/ Apartment, Road	House
Telephone No.	+880 + 1521-394024	Mobile No.	+880 + 1521-394024
Fax No.		Email	dhaka@mail.com

Previous Information of proposed branch/ liaison/ representative office

#	Field name	Existing information	Proposed information
1	Name of the local company *	<input type="text"/>	<input type="text"/> <input type="checkbox"/>
2	Division *	Select One <input type="button" value=""/>	Select One <input type="button" value=""/> <input type="checkbox"/>
3	District *	Select division first <input type="button" value=""/>	Select division first <input type="button" value=""/> <input type="checkbox"/>
4	Police station *	Select district first <input type="button" value=""/>	Select district first <input type="button" value=""/> <input type="checkbox"/>
5	Post office *	<input type="text"/>	<input type="text"/> <input type="checkbox"/>
	Post code *	<input type="text"/>	<input type="text"/> <input type="checkbox"/>

6	Post code		
7	House, Flat/ Apartment, Road *		
8	Telephone no. *	+880 + 1812-345678	+880 + 1812-345678
9	Mobile no. *	+880 + 1812-345678	+880 + 1812-345678
10	Fax no.		
11	Email *		
12	Activities in Bangladesh through the proposed branch/ liaison/ representative office (Max. 250 characters) *	Write here 0/250	Write here 0/250

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 *	opa-branch	<input type="button" value="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.	+880 + 1521-394024	Email address	daud.fiverr@gmail.com
Picture			

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/ 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	550	VAT/ TAX	5.5
Bank Charge	30	Total amount	585.50
Payment Status			

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