

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

Application for Office Permission Cancellation

1. Basic Instruction **2. Application Details** **3. Attachments** **4. Declaration** **5. Payment & Submit**

Basic instructions

Did you receive your approval online? * Yes No

Date of office permission * dd-mm-yyyy

Date of cancellation * dd-mm-yyyy

Remarks

Remarks
0/200

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	Agailjhara	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

Office Type

Office Type * Branch office

Information about the principal company

Company information

Name of the principal company:		Country of origin of principal office * <input type="button" value=""/> Select One
Type of the organization *	<input type="button" value=""/> Select One	Flat/ Apartment/ Floor no.
House/ Plot/ Holding no. *		Post/ Zip Code

House/ Plot/ Building no.	Post/ Zip code
Street Name/ Street no.	Email
City	Telephone no.
State/ Province	Fax No.
Major activities in brief	
0/200	

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

(i) Authorized capital *	(ii) Paid up capital *
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Information about the proposed branch/ liaison/ representative office

Name of the Local company: *	?		
Local address of the principal company: (Bangladesh only):			
Division	Barisal	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		
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 *
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

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

(a) Estimated initial expenses :	(b) Estimated monthly expenses:
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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 *	opc-branch Recent attachment	Choose File No file chosen
2 *	opc-branch-2 Recent attachment	Choose File No file chosen
3	opc-branch-3 Recent attachment	Choose File No file chosen
4	opc-branch-4 Recent attachment	Choose File No file chosen
5	opc-branch-5 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

- 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

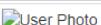
Mobile No.

 +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

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)**