

"Interested persons are entitled to a prospectus, if they so desire, and that copies of prospectus may be obtained from the asset management company"

ICB AMCL SONALI BANK LIMITED 1ST MUTUAL FUND

Application Form

APPLICATION FOR UNITS BY INVESTORS OTHER THAN NON-RESIDENT BANGLADESHI(S)

Warning: Please read the instructions at the back of this form. Incorrectly filled applications may be rejected

The Chief Executive Officer
ICB Asset Management Company Limited
BDBL Bhaban (Level-17)
8, Rajuk Avenue
Dhaka-1000.

Banker's SL No.

Please fill in Capital Letters

Dear Sir,

I/we apply for and request you to allot me/us the number of Units and I/we agree to accept the same or any smaller number that may be allotted to me/us upon terms of the Fund's approved Prospectus and subject to the Fund's Deed of Trust. Further, I/we authorize you to place my/our name(s) on the Register of Member(s) of the Fund and deposit the said units to my/our Depository (BO) Account and/or a crossed (A/C Payee Only) cheque in respect of any Application money refundable by post/courier at my/our risk to the first applicant's address stated below:

1. Number of Units of Tk. 10.00 each at par.
2. Amount of Tk. (in figure) Tk. (in words) only deposited vide Cash/Cheque/Draft/Pay Order No. Date on Bank Branch

3. Depository (BO) Account No.

"(If you do not mention your valid Depository (BO account) number, your application will be treated invalid.)"

4. I/we agree to fully abide by the instructions given herein.

5. Particulars of Applicant(s)

Sole/First Applicant: Mr./Mrs./Ms.		
Father's/Husband's Name:		
Mother's Name:		
Postal Address:		
Occupation:	Nationality:	Telephone No. (if any):
For refund warrant (Application will not be treated as valid if any one uses a non-scheduled bank. To avoid this complication, investors are requested to use the scheduled bank account no. Please write the correct and full name of bank and branch:		
For refund warrant: I/we want refund through <input type="checkbox"/> Bank Account* <input type="checkbox"/> Hand Delivery/Courier (Please put tick mark in which refund will be made)		
Applicant's Bank A/C No:		
Name of the Bank:	Branch:	

The applicant shall provide the same bank account number in the application form as it is in the BO account of the applicant. Otherwise the application will be considered invalid and the subscription money may be forfeited.

Second Applicant: Mr./Mrs./Ms.		
Father's/Husband's Name:		
Mother's Name:		
Postal Address:		
Occupation:	Nationality:	Telephone No. (if any)

6. I/we hereby declare that I/we have read the Prospectus of ICB AMCL SONALI BANK LIMITED 1ST MUTUAL FUND and have willingly subscribed for no. of units of Tk. 10.00 (ten) each.

7. Specimen Signature(s):

	NAME IN BLOCK LETTERS	SIGNATURE
Sole/First Applicant:		
Second Applicant:		

*In case of deposit into the applicant's bank account, the applicant will bear the applicable service charge, if any, of the applicant's banker, and the asset management company shall simultaneously issue a letter of intimation to the applicant containing, among others, the date and amount remitted with details of the bank through and to which bank such remittance has been effected.

BANK'S ACKNOWLEDGEMENT

Certified that this Bank has received Tk. (in words) only from Mr./Mrs./Ms. being the application money for nos. of units of ICB AMCL SONALI BANK LIMITED 1ST MUTUAL FUND.

Banker's SL No.

Seal & Date

Authorized Signature
(Name & Designation)