

"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 NON-RESIDENT BANGLADESHI(S)

(To be sent directly to the Asset Management Company's Head Office)

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

Bangladesh.

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. No. of Units of Tk. 10.00 each at par.
2. Amount of Tk. (in figure) Tk. (in words) only
convertible into US Dollar 1.00 = Tk. and UK Pound Sterling 1.00 = Tk. and
Euro 1.00 = Tk.
3. Payment by Draft/Cheque/Pay Order No. date for US Dollar/UK Pound Sterling/ Euro/Tk.
..... drawn on Bank Branch.

- [illegible]

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

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

Particulars of Applicant(s)

Sole/First Applicant: Mr./Mrs./Ms.	
Father's/Husband's Name:	
Mother's Name:	
Mailing Address:	
Occupation:	Nationality:
Passport No:	Valid up to:
Date of Birth:	Telephone (if any):
For refund warrant (Application will not be treated as valid if anyone 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: 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:	
Mailing Address:	
Occupation:	Nationality:
Passport No:	Valid up to:
Date of Birth:	Telephone (if any):

Nominee

Name:	
Mailing Address:	
	Telephone (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 each on this form.

7. **Specimen Signature(s):**

NAME IN BLOCK LETTERS

SIGNATURE

NAME OF APPLICANT		SIGNATURE
Sole/First Applicant:		
Second Applicant:		
Nominee:		