**BDF UNIT-KA**

Nominee Control Number:

**BANGLADESH FUND**

**Asset Manager: ICB Asset Management Co. Ltd.**

**(A Subsidiary of ICB)**

\* Purchasers sending application by post should leave this space blank for completion by the issuing Office on Sale Day subject to refund of unadjusted portion of the remittance.

\*\* For occupation classification please see reverse. Please Read terms & conditions on reverse.

**APPLICATION FORM TO PURCHASE UNITS BY NON-RESIDENT BANGLADESHI(S)**

|  |  |  |
| --- | --- | --- |
| To  Chief Executive Officer  ICB Asset Management Company Limited  BDBL Avenue (Level-17)  8 RAJUK Avenue  Dhaka-1000. |  | To be filled in by Issuing Office |
| Sale Day |
| Date of Issue |
| Registration No. BDF/ |
| Sale Number : |
| Certificate Number(s) :  **Signature of the Officer with date** | | |

**To be filled in by the Applicant (s)**

Date : ………….…….

(Please write clearly and delete words not applicable)

I/We enclose $/£/€ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (in word \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)\* PO/FDD/TT No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch \_\_\_\_\_\_\_\_\_\_\_\_\_ and request you to sell me/us \_\_\_\_\_\_\_\_\_\_\_\_\_\_Units of

**Bangladesh Fund** at the price of Tk. \_\_\_\_\_\_\_\_ per unit (Prevailing on the Sale Date) for application including respective fees. I/We already hold /do not hold \_\_\_\_\_\_\_\_\_\_\_\_\_Units and my/our Registration No is BDF/\_\_\_\_\_\_\_\_\_\_\_\_

I/We am/are not minor(s). I/We have read and understood the terms and conditions of the Deed of Trust and Prospectus of the Fund and agreed to be bound and governed by the same on availing/using any facility. I/we further agree not to hold the Fund liable for any consequences in case of any of the below mentioned particulars being false, incorrect or incomplete. I/we hereby undertake inform the Asset Manager of any changes to the information provided hereinabove and agree and accept that the Fund and it’s Asset Manager is not liable or responsible for any loss.

All payments in connection with or arising out of the Units hereby applied for shall be payable in Bangladeshi Taka only including income distribution and/or repurchase price. I/We do hereby undertake that I/We and my/our heirs will at any time or in any shape claim repatriation from Bangladesh of sale proceeds of these Units and income accrued thereon. I/We the undersigned do also hereby declare that the money which is being invested for the purchase of **Bangladesh Fund** is not earned /collected directly or indirectly in illegal way.

**(BLOCK LETTERS PLEASE)**

|  |  |
| --- | --- |
| **Principal Holder** | **Joint Holder (if any)** |
| 1. Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name** (Individual/**Institution)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Father’s/Husband’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*\* Occupation/ Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Passport no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Valid up to \_\_\_\_\_\_\_\_  National ID no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Present Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_  Permanent Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_    ­­­­­­­­­­Telephone/Cell No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 2. Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name** (Individual/**Institution)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Father’s/Husband’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*\* Occupation/ Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Passport no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Valid up to \_\_\_\_\_\_\_\_  National ID no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Present Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_  Permanent Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_    ­­­­­­­­­­Telephone/Cell No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Specimen Signature of Principal Holder Specimen Signature of Joint Holder (if any)**

**Photo of Joint Holder with sign**

**Photo of Principal Holder with sign**

**TERMS & CONDITIONS**

(Applicant/ Authorized Agent)

1. Units will be sold through ICB AMCL Head Office, Authorized Bank Branches including ICB Branches on all working days except Thursday and book closer period declare by office. The acceptance of any application shall be delayed until the realization of any payment instrument enclosed with it. As the clearance of instrument drawn on banks in towns other than that of the Issuing Office may take a long time, the applicants are advised to send a Bank Draft or a Pay Order. The value of units applied for may be paid at the prevailing exchange rate published by the Asset Manager of the Fund.
2. Remittance should be in form of pay order, bank draft, TT or should be directly made payable to the **“ICB AMCL Bangladesh Fund**” NITA Account No. **01-1149151-01** with **Standard Chartered Bank, Dhaka, Bangladesh**.
3. Registration Number is issued to the Unit Holders. The existing Unit Holder is required to mention the previous Registration Number on the specified column of the Application Form when he intends to buy more units. More than one Registration Number is not issued to the same Unit Holder. Upon Registration of a sale, Unit-Holders will be issued with Unit Certificates. The certificates are available in denomination (s) of 1, 5, 10, 20, 50, 100, 250, 500, 1000, 5000 and 10000 Units. The fewest possible number of certificates will be issued against each application.
4. Units will be registered in the name(s) of the Applicant (s), Joint Holders, Institutions will be registered provided that Application Form is duly completed and signed by all Joint Holders or both Signatory (in case of Institution). Dividend and any other payment/benefits (if any) will be issued in favour of Principal Holder only. In case of the death of any of the Joint Holders, only the survivor shall be recognized as having any title to the Units. But absolutely on death of the Principal Holder as well as both the Joint Holders the units and entitlements will bestow upon the Nominee(s) if any mentioned in the Nominee Form (BDF Unit-KA(1)). Principal Holder as well as Joint Holders can change the nominee through submitting application of Nominee Form to the authority where previously submitting Nominee Form will be automatically cancelled.
5. Individual applicant has to submit photocopy of his/her valid passport and visa, bank statement, proof of address etc and. application(s) by Institution, Charitable Organization/Provident Fund/Trust Fund must be accompanied by the relevant documents authorizing investment in Units such as Incorporation Certificate, Extract of Board Regulation, Memorandum and Articles of the Company, Trust Deed, Society Registration Certificate, TIN Certificate, Relevant Document if Board Resolution is not required, Bye-Laws of the Society, a Resolution by the Management Body and Power of Attorney in favor of the person(s) signing the Application(s). If investment is being made by a Constitutional Attorney, please submit notarized copy of POA.
6. **Cumulative Investment Plan (CIP):** Under this scheme, Unit Holder might reinvest dividend income accrued thereon for purchasing unit at a concessional rate instead of receiving cash dividend. In this case new units would be issued at Tk. 1.00 less than the opening price of the next financial year.
7. **Transaction Fees:** Applicant has to bear the transaction fees as 0.10% of total transaction amount having minimum US$ 5.00 and maximum US$ 100.00. Fees should be transmitted along with the application money.
8. Unit Holder’s must be provided the Bank Account No. and address of Bank Branch.

Account No. …………………………… Bank …………………………….. Branch ……...………………..

Address: …………………………………………………………………………………………………………

|  |  |  |
| --- | --- | --- |
| 9. Purchase of Units under Cumulative Investment Plan (CIP) in lieu of Cash dividend (**√)** | Yes | No |

10. Occupation may be classified as under

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| a. Civilian |  |  | i. House-Wives |  |
| b. Govt. Salaried |  |  | j. Working Women |  |
| c. Non-Govt. Servants. |  |  | k. Workers |  |
| d. Defense Personnel |  |  | l. Student |  |
| e. Professions-Legal,  Medical and Engineering etc. |  |  | m. Bangladeshi Residing Abroad |  |
| f. Retired Personnel |  |  | n. Foreign National |  |
| g. Businessmen |  |  | o. Scientist |  |
| h. Agriculturists |  |  | p. Miscellaneous. |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 11. Type of Institution: |  | Local Company |  | Foreign Company |  | Trust |  | Society |  | Other |  |

12. Documents (Attested) enclosed

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| a. Incorporation Certificate |  |  | f. National ID (If any) |  |
| b. Trust deed |  |  | g. TIN Certificate (Institution) |  |
| c. Society Registration certificate |  |  | h. Extract of the Board Resolution |  |
| d. Memorandum and Articles of Association |  |  | i. Relevant Document if Board  Resolution is not required |  |
| e. Passport |  |  | j. Letter of Authority issued in favor of authorized person/signatory |  |
|  |  |  |  |  |

**Sign of Principal Holder with date Sign of Joint Holder (if any) with date**

Received Certificates for\_\_\_\_\_\_\_\_\_\_\_\_\_ Units as mentioned overleaf

(Sign of Applicant/Authorized Agent with date)

**BDF UNIT-KA (1)**

**BANGLADESH FUND**

**Asset Manager: ICB Asset Management Co. Ltd.**

(A Subsidiary of ICB)

**APPLICATION FORM FOR NOMINEE(S)**

|  |  |  |
| --- | --- | --- |
| To  Chief Executive Officer  ICB Asset Management Company Limited  BDBL Avenue (Level-17)  8 RAJUK Avenue  Dhaka-1000. |  | **Nominee Control Number :**  **(To be filled in by Issuing Office)**  Date: ………………..……. |

I/We already hold \_\_\_\_\_\_\_\_\_\_\_\_\_Units and my/our Registration No is BDF/\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We nominate the following person(s) who is/are entitled to receive unit certificate and all other entertainment outstanding in connection with my/our aforesaid Registration Number in the event of the death of the Principal Holder/Joint Holder.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and Address of Nominee** | **Date of Birth** | **Relation with Principal Holder** | **Signature of Nominee** | **Photograph of Nominee (Attested by Principal Holder)** |
| Name :  Address :  National ID No.:  Telephone No.:  Email ID: |  |  |  |  |
| Name :  Address :  National ID No.:  Telephone No.:  Email ID: |  |  |  |  |

**Guardian’s Details (If Nominee is Minor)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and Address**  **of Guardian** | **Date of Birth** | **Relation with Nominee** | **Signature**  **of**  **Guardian** | **Photograph of Guardian**  **(Attested by Principal Holder)** |
| Name :  Address :  National ID No.:  Telephone No.:  Email ID: |  |  |  |  |

|  |  |
| --- | --- |
| **Principal Holder** | **Joint Holder (if any)** |
| 1. Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name (Individual)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reg. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ­­­­­­­­­­­­­Telephone/Cell No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 2. Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name (Individual)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ­­­­­­­­­­­­­  ­­­­­­­­­­­­­Telephone/Cell No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Signature of the Authorized Officer with date |