

DHAKABANK SECURITIES

L I M I T E D

Head Office

Date:

The Chief Operating Officer

Dhaka Bank Securities Limited,
115-120, Adamjee Court(1st Floor), Motijheel C/A,
Dhaka-1000.

Sub: Request for 'Change of Nominee'

Dear Sir,

I am maintaining a BO A/C: 12016300 _____ and a trading A/C no # _____ for last couple of year's/month's with you. I want to change my nominee. In this respect I request you to kindly change my Nominee as per following details.

Old Nominee	New Nominee	Remarks

Your kind co-operation is anticipated.

Sincerely yours,

Signature

Client Name:

Customer Trading ID:

Telephone No:

Requirement: Nominee Picture 2 copies and National ID card

CDBL Bye Laws

Form 23

Please complete all details in CAPITAL letters. **Please fill up all names correctly.** All communication shall be sent only to the correspondence address of **only** the first Named Account Holder as specified in BO Account Opening Form 02

Application No.	<input type="text"/>	Date (dd/mm/yyyy)	<input type="text"/>
Name of CDBL Participant	DHAKA BANK SECURITIES LIMITED		
Account Holder's BO ID	<input type="text"/>	CDBL Participant ID	<input type="text"/>
Short Name of Account Holder (Insert full name starting with the Title i. e. Mr./Mrs./Ms./Dr. abbreviate only if over 30 characters)			
<input type="text"/>			

I/We nominate the following person (s) who is/are entitled to receive securities outstanding in my/our account in the event of death of the sole holder or all the joint holders.

1. Nominee/Heirs Details

Nominee 1/ Heir 1

Name in Full :

Short Name of Nominee 1 (Insert full name starting with the Title i.e. Mr./Mrs./Ms./Dr. abbreviate only if over 30 characters)

Relationship with 1st A/C Holder _____ (%) 2nd A/C Holder _____ (%)

Address _____

City _____ Post Code _____ State/Division _____ Country _____ Telephone No. _____

Mobile Phone No. _____ Fax _____ E-mail _____

NID/Passport No. _____ Place of Issue _____ Date of Issue _____ Expiry Date _____

Residency : Resident Non Resident Nationality _____ Date of Birth (dd/mm/yyyy)

Guardian's Details (If Nominee is a Minor)

Name in Full

Short Name of Guardian's (Insert full name Title i.e. Mr./Mrs./Ms./Dr. abbreviate only if over 30 characters)

Date of Birth of Minor (dd/mm/yyyy) Maturity Date of Minor (dd/mm/yyyy)

Address _____

City _____ Post Code _____ State/Division _____ Country _____ Telephone No. _____

Mobile Phone No. _____ Fax No. _____ E-mail _____

Passport No. _____ Place of Issue _____ Date of Issue _____ Expiry Date _____

Residency : Resident Non Resident Nationality _____ Date of Birth (dd/mm/yyyy)

Internal Ref. No.

Date (dd/mm/yyyy)

Account Type : Cash Margin Special Remark, if any.....

I/We request you to open a Customer Trade Account in my/our name (s) as per the following details :

1. First Applicant

Name in full of Account Holder _____

(In case of a Company/Firm) Name of Contact Person : _____

In case of Individual : Male Female Occupation _____ Designation _____ Date of Birth _____

Father's/ Husband's Name _____

Mother's Name _____

2. Contact Details

Address _____ Resident Non Resident

Town/City : _____ Post Code : _____ District : _____ Country : _____

Telephone No. _____ Mobile No. _____ Fax No. _____

3. Passport Details

Passport No./NID No _____ Place of Issue _____ Date of Issue _____ Expiry Date : _____

4. 2nd Applicant

Name in Full : _____ Occupation and Designation : _____

Date of Birth : _____ Father's/Husband's Name : _____

Mother's Name : _____ Address _____

Town/City : _____ Post Code : _____ District : _____

5. Particulars of Nominee(s)

If Account Holder(s) wish (es) to nominate person(s) who will be entitled to receive securities outstanding in the account in the event of death of the sole account holder/all the joint holders, the under noted portion must be filled up and signed by all account holders and the nominee(s) giving names, relationship with First Account Holder, Percentage distribution and contact details as follows :

6. Particulars of Nominee(s)

Nominee 1

Name in Full : _____ Date of Birth : _____

Father's/Husband's Name : _____ % of Share : _____

Mother's Name : _____ Relationship with the 1st applicant : _____ 2nd applicant : _____

Address : _____ NID/Passport No. _____

Town/City : _____ Post Code : _____ District : _____ Nominee's Signature : _____

Nominee 2

Name in Full : _____ Date of Birth : _____

Father's/Husband's Name : _____ % of Share : _____

Mother's Name : _____ Relationship with the 1st applicant : _____ 2nd applicant : _____

Address : _____ NID/Passport No. _____

Town/City : _____ Post Code : _____ District : _____ Nominee's Signature : _____

Photograph
(1st Nominee)

I / We do hereby preserve the right to change the above nominee(s) in writing to the Company if necessary

Signature
(1st applicant)

Signature
(2nd applicant)

Photograph
(2nd Nominee)

Attested by the Applicant(s)

Attested by the Applicant(s)

7. Special instructions (if any)		Signature
---	--	-----------

8. Name & Address of the authorized person		Signature
---	--	-----------

9. Power of Attorney

If account holder (s) wish (es) to give a Power of Attorney to operate the account, a separate Form-20 must be filled and signed by all A/C holders giving name & contact details of the POA holder.

10. Standing Instructions

I/We authorize to receive/execute facsimile (fax) instruction(s) sell/buy Yes No

11. Special Instruction on operation of Joint Account

Either of Survivor _____ Any one can operate _____ Joint operation _____

Officer/Director of any stock exchange/listed company Yes No

If yes, please mention the name of the stock exchange/company : _____

Account with other member, if any : Yes No

If yes, please mention the name of the member with Account number : _____

12. Declaration

The rules & regulations of DHAKA BANK SECURITIES LIMITED pertaining to open an account which are in force now have been read by me/us and understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such account. I/We also declare that the particulars given by me/us are true to the best of my/our knowledge as on the date of making such application. I/We further agree that any false/misleading information given by me/us or suppression of any material fact will render my/our account liable for termination and further action.

Applicants	Name	Signature
First Applicant		
Second Applicant		
Third Applicant		

13. Introduction

Address		
Internal Ref. No.		
Name of the Introducer :		Signature :

Data entered by :

Account opened