

Date:

#### **The Chief Operating Officer**

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

Dear Sir,		
I am maintaining a BO A/C: 1201630 couple of year's/month's with you. I change my Nominee as per following	0and a trading A want to change my nominee. In this res g details.	/C no #for l spect I request you to kin
Old Nominee	New Nominee	Remarks
our kind co-operation is anticipated	i.	
incerely yours,		
iignature		
Client Name:		
Customer Trading ID:		
Telenhone No:		

Requirement: Nominee Picture 2 copies and National ID card



# **BO Account Nomination Form**

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 <b>only</b> the first Named Account Holder as specified in BO Account Opening Form 02				
Application No. Date (dd/mm/yyyy)				
Name of CDBL Participant DHAKA BANK SECURITIES LIMITED				
Account Holder's BO ID				
Short Name of Account Holder (Insert full name starting with the Title i. e. Mr./Mrs./Ms./Dr. abbreviate only if over 30 characters)				
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————————————————————————————————————				
Mobile Phone No				
Passport No. ———————————————————————————————————				
Residency : Resident Non Resident Nationality—Date of Birth (dd/mm/yyyy)				



# **BO Account Nomination Form**

Nominee 2 / Heir 2 Name in Full  Short Name of Nominee 2 (Insert full name starting with the Title i.e. Mr./Mrs./Ms./Dr. abbreviate only if over 30 characters)  Relationship with AVC Holder	CDBL Bye Laws					Form 23
Relationship with A/C Holder						
Address  City Post Code State/Division Country Telephone 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)  Short Name of Guardian's (Insert full name strating with Title i.e. Mr./Mrs./Ms./Dr. abbreviate only if over 30 characters)  Late of Birth of Minor (dd/mm/yyyy)  Maturity Date of Minor (dd/mm/yyyy)  Address  City Post Code State/Division Country Telephone No.  Passport No. Fax E-mail  Passport No. Place of Issue Expiry Date  Residency: Resident Non Resident Nationality Date of Birth (dd/mm/yyyy)  2.Photograph of Nominees/Heirs  Please paste recent Passport recent Passport size Size Size Size Size Size Size Size S	Short Name of Nominee 2 (Ir	nsert full name s	tarting with the	Title i.e. Mr./Mrs.	Ms./Dr. abbreviate on	ly if over 30 characters)
Address  City Post Code State/Division Country Telephone 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)  Short Name of Guardian's (Insert full name strating with 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.  Passport No. Fax E-mail  Passport No. Place of Issue Expiry Date  Residency: Resident Non Resident Nationality Date of Birth (dd/mm/yyyy)  2.Photograph of Nominees/Heirs  Please paste recent Passport recent Passport recent Passport size Size Size Size Size Size Size Size S						
City Post Code State/Division Country Telephone No.  Fax No.  Fax No.  Fax No.  Fasyport No.  Place of Issue Date of Issue Expiry Date  Residency: Resident Non Resident Nationality Date of Birth (dd/mm/yyyy)  Name in Full  Short Name of Guardian's (Insert full name strating with Title i.e. Mr./Mrs./Ms./Dr. abbreviate only if over 30 characters)  Date of Birth of Minor (dd/mm/yyyy)  Address  City Post Code State/Division Country Telephone No.  Passport No.  Place of Issue Expiry Date  Residency: Resident Non Resident Nationality Date of Birth (dd/mm/yyyy)  Post Code State/Division Country Telephone No.  Place of Issue Expiry Date  Presephone No.  Place of Issue Date of Birth (dd/mm/yyyy)  Photograph of Nominees/Heirs  Please paste recent Passport size Photograph Photograph Photograph Photograph  Nominee/Heir 1 Nominee/Heir 2 Guardian 1 Guardian 2  Nominee/Heir 1 Signature  Nominee/Heir 1 Guardian 2  First Account Holder	Relationship with A/C Holder —				Percentage (%)	
Mobile Phone NoFax NoE-mail	Address					
Passport No. Place of Issue	City Post Code	2	State/Division _	Cou	ntry	. Telephone No.
Residency: Resident Non Resident Nationality Date of Birth (dd/mm/yyyy)  Short Name of Guardian's (Insert full name strating with 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.  Fax E-mail  Passport No. Place of Issue Expiry Date  Residency: Resident Non Resident Nationality Date of Birth (dd/mm/yyyy)  2. Photograph of Nominees/Heirs  Please paste recent Passport size Photograph  Photograph Photograph  Nominee/Heir 1 Nominee/Heir 2 Guardian 1 Guardian 2  Nominee/Heir 1 Signature  Nominee/Heir 2 Guardian 1  Nominee/Heir 2 Guardian 2  First Account Holder	Mobile Phone No.		Fax No		E-mail	
Guardian's Details (If Nominee is a Minor) Name in Full Short Name of Guardian's (Insert full name strating with Title i.e. Mr./Mrs./Ms./Dr. abbreviate only if over 30 characters)  Date of Birth of Minor (dd/mm/yyyy)  Address  City Post Code State/Division Country Telephone No.  Fax E-mail  Passport No. Place of Issue Date of Birth (dd/mm/yyyy)  2. Photograph of Nominees/Heirs  Please paste recent Passport recent Passport recent Passport size Photograph  Nominee/Heir 1 Nominee/Heir 2 Guardian 1 Guardian 2  Nominee/Heir 1 Signature  Nominee/Heir 1 Guardian 1  Nominee/Heir 2 Guardian 1  Signature  Nominee/Heir 2  Guardian 2  First Account Holder	Passport No		- Place of Issue		Date of Issue	Expiry Date
Short Name of Guardian's (Insert full name strating with Title i.e. Mr./Mrs./Ms./Dr. abbreviate only if over 30 characters)  Date of Birth of Minor (dd/mm/yyyy)  Address  City — Post Code — State/Division — Country — Telephone No. — Fax — E-mail — E-mail — Expiry Date	Residency: Resident Nor	n Resident	Nationality		Date of Birth (dd/m	m/yyyy)
Date of Birth of Minor (dd/mm/yyyy)  Address  City Post Code State/Division Country Telephone No.  Mobile Phone No. Fax E-mail  Passport No. Place of Issue Expiry Date  Residency: Resident Non Resident Nationality Date of Birth (dd/mm/yyyy)  2. Photograph of Nominees/Heirs  Please paste recent Passport size Photograph  Nominee/Heir 1 Nominee/Heir 2 Guardian 1 Guardian 2  Name Signature  Nominee/Heir 1  Nominee/Heir 2  Guardian 1  Nominee/Heir 2  Guardian 2  First Account Holder		inee is a Minor)				
Address  City Post Code State/Division Country Telephone No.  Mobile Phone No.  Fax E-mail  Passport No.  Place of Issue Date of Issue Expiry Date  Residency : Resident Non Resident Nationality Date of Birth (dd/mm/yyyy)  2. Photograph of Nominees/Heirs  Please paste recent Passport size Photograph  Please paste recent Passport size Photograph  Nominee/Heir 1 Nominee/Heir 2 Guardian 1 Guardian 2  Name Signature  Nominee/Heir 1  Guardian 1  Nominee/Heir 2  Guardian 2  First Account Holder	Short Name of Guardian's (Ir	nsert full name s	trating with Titl	e i.e. Mr./Mrs./Ms.	Dr. abbreviate only if	over 30 characters)
Address  City Post Code State/Division Country Telephone No.  Mobile Phone No. Fax E-mail  Passport No. Place of Issue Expiry Date  Residency : Resident Non Resident Nationality Date of Birth (dd/mm/yyyy)  2. Photograph of Nominees/Heirs  Please paste recent Passport size Photograph Photograph Photograph  Nominee/Heir 1 Nominee/Heir 2 Guardian 1 Guardian 2  Name Signature  Nominee/Heir 1  Guardian 1  Nominee/Heir 2  Guardian 2  First Account Holder						
City—Post Code—State/Division—Country—Telephone No.—  Mobile Phone No.—Fax — E-mail—  Passport No.—Place of Issue—Date of Issue—Expiry Date—  Residency: Resident Non Resident Nationality—Date of Birth (dd/mm/yyyy) ——  2. Photograph of Nominees/Heirs  Please paste recent Passport size Photograph Photograph Photograph Photograph Photograph  Nominee/Heir 1 Nominee/Heir 2 Guardian 1 Guardian 2  Name Signature  Nominee/Heir 1  Guardian 1  Nominee/Heir 2  Guardian 2  First Account Holder	Date of Birth of Minor (dd/m	nm/yyyy)		Maturity	Date of Minor (dd/mm/	(yyyy)
Mobile Phone No. Fax	Address—					
Passport No. — Place of Issue — Date of Issue — Expiry Date  Residency : Resident Non Resident Nationality — Date of Birth (dd/mm/yyyy) — Date of Birth (dd/mm/yyyyy) — Date of Birth (dd/mm/yyyy) — Date of Birth (dd/mm/y	City———— Post Code	<b>2</b>	— State/Division _	Cou	ntry	Telephone No.
Residency : Resident Non Resident Nationality—Date of Birth (dd/mm/yyyy)  2. Photograph of Nominees/Heirs  Please paste recent Passport size Photograph Photograph Nominee/Heir 1 Nominee/Heir 2 Guardian 1  Nominee/Heir 1  Guardian 1  Nominee/Heir 2  Guardian 2  First Account Holder	Mobile Phone No.		Fax		E-mail	
Please paste recent Passport size Photograph  Nominee/Heir 1  Nominee/Heir 1  Rominee/Heir 2  Guardian 1  Nominee/Heir 2  Guardian 2  First Account Holder	Passport No. —————		— Place of Issue		——— Date of Issue ———	Expiry Date
Please paste recent Passport size Photograph  Nominee/Heir 1  Nominee/Heir 1  Nominee/Heir 2  Guardian 1  Nominee/Heir 2  Guardian 2  First Account Holder	Residency : Resident Non Resident Nationality—Date of Birth (dd/mm/yyyy)					
recent Passport size Photograph P	2. Photograph of Nominees	s/Heirs		<b>表示的</b> 理		
recent Passport size Photograph P				100000000000000000000000000000000000000		
Size Photograph Photograph Photograph Photograph Photograph Photograph Photograph Photograph  Nominee/Heir 1 Nominee/Heir 2 Guardian 1 Guardian 2  Name Signature  Nominee/Heir 1  Guardian 1  Nominee/Heir 2  Guardian 2  First Account Holder	Please paste		Please paste		Please paste	Please paste
Photograph  Rouardian 1  Signature  Nominee/Heir 1  Guardian 1  Nominee/Heir 2  Guardian 2  First Account Holder	SECURIORISM CONTRACTOR					
Nominee/Heir 1  Guardian 1  Nominee/Heir 2  Guardian 2  First Account Holder	The state of the s					
Nominee/Heir 1  Guardian 1  Nominee/Heir 2  Guardian 2  First Account Holder						
Nominee/Heir 1  Guardian 1  Nominee/Heir 2  Guardian 2  First Account Holder	Nominee/Heir 1		Nominee/Heir 2		Guardian 1	Guardian 2
Guardian 1  Nominee/Heir 2  Guardian 2  First Account Holder			Nai	me		Signature
Nominee/Heir 2  Guardian 2  First Account Holder	Nominee/Heir 1					
Guardian 2 First Account Holder						
First Account Holder						
	Second Account Holder					



#### **Customer Account Information Form**

Form 1A [Sec rule 8 (1), (ccc)]

nternal Ref. No.			Date (dd/mm/y)	yyy)		
Account Type : Cash Mar	rgin Special Re	mark, if any				
/We request you to open a Custo	mer Trade Account in my	our name (s) as per the fo	llowing details:			
1. First Applicant						
Name in full of Account Holder						
(In case of a Company/Firm) Name o	f Contact Person:					
In case of Individual : Male	Female O	ccupation	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	<b>.</b>	Fax No			
3. Passport Details						
Passport No./NID No	Place of Issu	ueD	ate of Issue	Expiry Date :		
4. 2nd Applicant						
Name in Full :			Occupation and Designation	n.		
Date of Birth :	Father's/Husband's Name :		- Occupation and Designation	Occupation and Designation .		
Mother's Name :	rather syrrassama s name :		Address			
		_Town/City :	Post Code :	District :		
5. Particulars of Nominee(s)				Volume Vision Front (SAS MAC)		
the sole account holder/all the	joint holders, the under i	noted portion must be fill	ed up and signed by all acc	e account in the event of death of count holders and the nominee(s)		
giving names, relationship with I	First Account Holder, Per	centage distribution and c	ontact details as follows :			
6. Particulars of Nominee(s)						
Nominee 1 Name in Full:			Date	of Birth:		
Father's/Husband's Name :				Share :		
Mother's Name :	Relation	ship with the 1st applicant :	2	nd applicant :		
Address :			NID/Passport N	No		
Town/City: Pos	t Code :	District :	Nominee's Signature :			
Nominee 2						
Name in Full :			Date	of Birth:		
Father's/Husband's Name:			% of	Share :		
Mother's Name :						
Address :			NID/Passport I			
Town/City: Pos	t Code :	District :	Nominee's Signature :			

(Contd. P/2)

A Cubaidiana C DHAKABANK



www.dhakahanksocuritios.com

# **Customer Account Information Form**

Photograph (1st Nominee)  Attested by the Applicant(s)		the right to change the above the Company if necessary  Signature (2nd applicant)	A	Photograph (2nd Nominee) stested by the Applicant(s)
7. Special instructions (if any)				Signature
8. Name & Address of the authorized person	ς · · · · · · · · · · · · · · · · · · ·			Signature
9. Power of Attorney				
If account holder (s) wish (es) to give giving name & contact details of the		he account, a separate Form-20 mu	st be filled and	signed by all A/C holders
10. Standing Instructions	T OA Holder.			
	simila (fax) instruction(s) call/huy	Voc No		
I/We authorize to receive/execute fac		Yes No No		
11. Special Instruction on operation	of Joint Account			
Either of Survivor	Any one car	n operate	Joint operatio	n
Officer/Director of any stock exchange/ If yes, please mention the name of the s		Yes	No No	
Account with other member, if any :  If yes, please mention the name of the member with Account number :			No	
12. Declaration				
The rules & regulations of DHAKA BANK SECU and I/we agree to abide by and to be I me/us are true to the best of my/our kn me/us or suppression of any material fa	oound by the rules as are in force from the country ownedge as on the date of making su	om time to time for such account. I/W uch application. I/We further agree tha	le also declare th	at the particulars given by
Applicants	Name			Signature
First Applicant	2 2 2 2			
Second Applicant				
Third Applicant				
13. Introduction				
Address				
Internal Ref. No.				
Name of the Introducer :			Signature :	
Data entered by :				Account opened

A Subsidiary of DHAKABAN