BO Account Opening Form

(Bye Law 7.3.3 (b))

Please complete all details in CAPITAL letters. **Please fill all names correctly.** All communication shall be sent **only** to the First Named Account Holder's correspondence address.

Application No Date *(DDMMYYYY)*.....

Please Tick whichever is applicable

BO Category: Regular ☐ Omnibus ☐ Clearing ☐ **BO Type :** Individual ☐ Company ☐ Joint Holder ☐

Name of CDBL Participant (Up to 99 Characters) **TradeCap Stock Brokerage Limited**

CDBL Participant ID: 3 3 7 0 0

BO ID: 1 2 0 3 3 7 0 0

Date Account Opened *(DDMMYYYY)*

I / We request you to open a Depository Account in my / our name as per the following details:

1. First Applicant

Name in Full of Account Holder (Up to 99 Characters) .....

Short Name of Account Holder **(Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters)** *Title i.e. Mr. /Mrs. /Ms. /Dr.*

M R .

(**In case of a Company/Firm/Statutory Body)** Name of Contact Person .....

In Case of Individual Male ☐ Female ☐ Occupation (30Characters) .....

Father's / Husband's Name.....

Mother's Name.....

2. Contact Details:

Address .....

City..... Post Code..... State / Division Dhaka Country Bangladesh Telephone.....

Mobile Phone.....Fax.....E-mail.....

3. *Passport Details*

Passport No..... *Issue Place*..... *Issue Date*..... *Expiry Date*.....

4. Bank Details

Routing Number ..... Bank Account Number .....

Bank Name..... Branch Name..... District Name Dhaka

Bank Identifier Code (BIC) ..... SWIFT Code ..... International Bank A/C No.(IBAN) .....

Electronic Dividend Credit: Yes ☐ No ☐ Tax Exemption if any: Yes ☐ No ☐ *TIN / Tax ID* :.....

5. Others Information

Residency: Resident ☐ Non Resident ☐ Nationality..... Date Of Birth (DDMMYYYY)

Statement Cycle Code Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Other (Please Specify) .....

Internal Ref. No (To be filled in by CDBL Participant) .....

National ID Card Number:

In Case of Company:
Registration No..... Date of Registration (DDMMYYYY)

6. Joint Applicant (Second Account Holder)

Name in Full (Up to 99 Characters).....

Short Name of Account Holder **(Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters)** *Title i.e. Mr. /Mrs. /Ms. /Dr.*

7. Account Link Request

Would you like to create a link to your existing Depository Account ? Yes ☐ No ☑

If yes, then please provide the Depository BO Account Code (8 Digits): | | | | | | | | |

8. Nominees/ Heirs

If account holder(s) wish to nominate person(s) who will be entitled to receive securities outstanding in the account in the event of the death of the sole account holder / all the joint account holders, a separate nomination Form - 23 must be fiiled up and signed by all account holders and the nominees giving names of nominees , relationship with first account holder, percentage distribution and contact details. If any nominee is a minor, guardian's name, address, relationship with nominee has also to be provided.

9. Power of Attorney (POA)

If account holder(s) wish to give a Power of Attorney (POA) to someone to operate the account, a separate Form - 20 must be fiiled up and signed by all account holders giving the name, contact details etc. of the POA holder and a POA document lodged with the form.

10. To be filled in by the Stock Broker / Stock Exchange in case the application is for opening a Clearing Account

Exchange Name DSE ☑ Trading ID....10..... CSE ☐ Trading ID.....

11. Photograph

1st Applicant or Authorized Signatory in case of Ltd Co.	2nd Applicant or Authorized Signatory in case of Ltd Co.	Authorized Signatory in case of Ltd Co. Only

12. Standing Instructions

I/We authorize you to receive facsimile (fax) transfer instructions for delivery. Yes ☐ No ☐

13. DECLARATION

The rules and regulations of the Depository and CDBL Participant pertaining to an account which are in force now have been read by me/us and I/we have 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 accounts. 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 of applicants / Authorized signatories in case of ltd Co.	Signature with date
First Applicant		
Second Applicant		
3rd Signatory (Ltd Co. only)		

14. Special Instructions on operation of Joint Account

☐ Either or Survivor. ☑ Any one Can operate ☐ Any two will operate jointly

☐ Account will be operated by _____ with any one of the others.

15. Introduction

Introduction by an existing account holder of .....
Depository Participant's Name

I confirm the identity, occupation and address of the applicant(s).....
Introducer's Name

.....Account ID | | | | | | | | | | | | | | | | |
(Signature of Introducer)

BO Account Nomination Form

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

Application No…… Date *(DDMMYYYY)*……

Name of CDBL Participant (Up to 99 Characters)

TradeCap Stock Brokerage Limited

CDBL Participant ID

Account holder's BO ID 1 2 0 3 3 7 0 0

Name of Account Holder (Insert full name starting with 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 the death of the sole holder / all the joint holders.

1. Nominee / Heirs Details

Nominee 1

Name in Full

……

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

Relationship with A/C Holder:…… …….. Percentage (%) ……..

Address

……

City…… Post Code…… State / Division …… Country…… Bangadesh Telephone……

Mobile Phone…… Fax…… E-mail……

Passport No…… Issue Place…… Issue Date…… Expiry Date……

Residency: Resident ☐ Non Resident ☐ Nationality…… …… Date Of Birth (DDMMYYYY)

Guardian's Details (if Nominee is a Minor)

Name in Full

……

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

Relationship with Nominee ……Date of Birth of Minor *(DDMMYYYY)* …… Maturity Date of Minor*(DDMMYYYY)*……

Address

……

City…… Post Code…… State / Division …… Country…… Telephone……

Mobile Phone…… Fax…… E-mail……

Passport No…… Issue Place…… Issue Date…… Expiry Date……

Residency: Resident ☐ Non Resident ☐ Nationality…… …… Date Of Birth (DDMMYYYY)

Nominee 2
Name in Full
……

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

Relationship with A/C Holder:…… …….. Percentage (%) ……..

Address
……

City…… Post Code…… State / Division …… Country…… Telephone……

Mobile Phone…… Fax…… E-mail……

Passport No…… Issue Place…… Issue Date…… Expiry Date……

Residency: Resident ☐ Non Resident ☐ Nationality…… …… Date Of Birth (DDMMYYYY)

Guardian's Details (if Nominee is a Minor)
Name in Full
……

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

Relationship with Nominee ……Date of Birth of Minor *(DDMMYYYY)* …… Maturity Date of Minor*(DDMMYYYY)*……

Address
……

City…… Post Code…… State / Division …… Country…… Telephone……

Mobile Phone…… Fax…… E-mail……

Passport No…… Issue Place…… Issue Date…… Expiry Date……

Residency: Resident ☐ Non Resident ☐ Nationality…… …… Date Of Birth (DDMMYYYY)

2. Photograph of Nominees / Heirs

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		
Second Account Holder		