



A New Generation Merchant Bank

SMART SOLUTION

Portfolio Account Number

BO Account Number

Name of Client

Contact Number

KNOW YOUR CUSTOMER FORM

Account Name: Type of Account:
Account or Reference No : 1. Approximate Yearly Income:

2. Nature of Business and Source of Fund : A. Service B. Business C. Others (Please mention)

3. Describe, how source of fund was verified; details and nature of business; how was it established that the transaction volume/amount commensurate with the nature of business:

4. Does the client have any BO Account opened in any Broker House and/or Merchant Bank?
If yes, Please mention the BO ID:

5. Detailed information of the beneficial Owner (in case of a Company; information of the controlling Shareholder and/or whoever owning 20% or more shares of the company):

6. Account Holder's Profession/Type of business the company:

Sl. No. Nature of Business

- | | | |
|---|---|-------------------------------------|
| 1 Jewellery/Gold related Business | 11 Freight/Shipping/Cargo Agent | 21 Self Employed |
| 2 Money Changer/Courier Service Agent | 12 Insurance/Brokerage Agent | 22 Corporate Customer |
| 3 Real Estate Agent | 13 Religious Organization | 23 Building Material Business |
| 4 Construction Project Promoter | 14 Recreational Firm/Park | 24 Computer/Mobile Phone Dealer |
| 5 Offshore Corporation | 15 Motor Parts Business | 25 Software Business |
| 6 Art/Antique Dealer | 16 Tobacco/Cigarette Business | 26 Manufacturer (Excluding Weapons) |
| 7 Restaurant/Bar/Night Club/Residential Hotel Owner | 17 Auto Primary (New Vehicle) | 27 Retired from job |
| 8 Import/Export Agent | 18 Retail Shop Owner | |
| 9 Cash intensive business (Taka 25 Lacs per month) | 19 Business Agent | |
| 10 Share/Stock Dealer | 20 Small Business (Turnover of below Tk. 50 Lacs per Annum) | |

I certify that the above information is true to the best of my knowledge.



Signature: Principal Applicant

Name

Date

Name of the Official Opening the Account:



Signature: Joint Applicant

Name

Date

Signature: Customer Service Name: Date:

KNOW YOUR CUSTOMER FORM

For Office Use Only:

1. Passport No: Photocopy Obtained Yes No (if applicable)
2. National ID No: Photocopy Obtained Yes No (if applicable)
3. TIN: Photocopy Obtained Yes No (if applicable)
4. Driving License No: Photocopy Obtained Yes No (if applicable)

5. Non-resident & Foreigner Accounts:

Reason for opening Account:

Type of Visa (Resident/Work):

6. Have Customer's Address been verified? Yes No

If yes, how was address verified?

.....
.....

7. Politically Exposed Persons (PEPs):

a) Has approval been obtained from Senior Management? Yes No

b) Source of Wealth:

b) Was any face to face interview held with Customer? Yes No

Name of the Official Opening the Account:

Signature: Customer Service, Name:

Date:

CAPM Advisory Limited

CUSTOMER SIGNATURE CARD

“শেয়ার বাজার বিনিয়োগ ঝুঁকিপূর্ণ, জেনে ও বুঝে বিনিয়োগ করুন”

First Account
Holder Signature



Joint Account
Holder Signature



Authorized Person
Signature

First Account Holder
Photograph

Joint Account Holder
Photograph

Authorized Person
Photograph

Account Type

Margin Non-Margin Single Account Joint Account



A New Generation Merchant Bank

Account Holder Photo

CUSTOMER ACCOUNT INFORMATION FORM

Form IA {SEC Rule 0 (1) (CCC)}

Account Type: [] Cash [] Margin

Accounts Status : [] Individual [] Joint [] Company

Customer Code: []

BO ID : []

Special Remarks. (if any).....

Name of the Customer / Account Holder:

Father's/Husband's/CEO's (in case of firm or company) Name:

Mother's Name:

Date of Birth: Sex: [] Male [] Female Nationality.....

Address:

Phone: Mobile: Fax: Email:

Joint Account Holder's Name:

Father's/Husband's Name:

Mother's Name:

Date of Birth: Sex: [] Male [] Female Nationality.....

Address:

Phone: Mobile: Fax: Email:

Name with the address of the authorized person (if any) of the Account holder to deal with CAPM Advisory Ltd. (A passport size photograph of the authorized person is required to be attested by the customer)

Name of the Authorized Person:

Address:

Phone: Mobile: Fax:

Email:

Authorized Person Photo

If the Account Holder /Joint account Holder is an Officer or Director of any Stock Exchange Company ? [] Yes [] No

If yes, name of the stock Exchange/listed Company

Name & Address of the person introducing the customer (if any).....

Special Instructions (if any).....

[]

Signature of introducer (if any) Date

[]

Signature of Customer Date

[]

Authorized Signatory accepting the Account Date

[]

Signature of authorized person (if any) Date

[]

Signature of joint account Holder Date

[]

Managing Director, CAPM Advisory Ltd. Date

TERMS AND CONDITIONS FOR OPENING AN IDA WITH CAPM ADVISORY LIMITED

DECLARATION / AGREEMENT

I/we the undersigned whose information is given in the CAPMAL Application Form hereby request to be registered as a client of CAPM ADVISORY LIMITED to open an Investor Discretionary account in my/our/company name. I/we further agree and confirm that the account hereby requested to be opened by me/us shall be held and be governed by the terms and condition of this agreement as provided hereinafter and as may be modified from time to time by CAPM ADVISORY LIMITED and that I/we/company name have/has the necessary authority and permission to enter this agreement.

TERMS AND CONDITIONS

Instruction: A written instruction shall be given to CAPM ADVISORY LIMITED from time to time to purchase and/or sell investments (which shall mean and include stocks, debentures, mutual funds and private placement or any other similar financial instrument as may be made available from time to time) on behalf of the account holder, on receipt of such instructions along with a cash deposit or delivery of shares, CAPM ADVISORY LIMITED shall, so far as CAPM ADVISORY LIMITED considers it reasonably practicable, purchase and/or sell investments in accordance with those instructions, provided always that (1) any such dealings do not contravene any applicable laws or regulations; (II) CAPM ADVISORY LIMITED shall have an absolute discretion to accept or reject purchase/sell instructions and (III) account holder's instruction shall include the following details:

- The name of the investment.
- Quantity.
- Price with notification of limit or discretion.
- The duration of the order.
- The nature of the lot (i.e. scrip size) for sale or the desired format for purchase order (See Note below).
- The order should specify completion formats of:
 - All or partial fill with minimum trade value or number of shares
 - Mode of execution i.e. DVP (Delivery versus payment) NON DVP (non delivery versus Payment)

(Note: the number of shares constituting a “market lot” may change. Sellers must include the exact format of their holding. This has a direct impact on market pricing given the predominantly retail nature of the market. Trades may fail where non-agreed lot sizes are delivered)

Joint Accounts: if this is a joint account, unless the account holders notify CAPM ADVISORY LIMITED otherwise and provide such documentation as CAPM ADVISORY LIMITED may require at its sole discretion, the Investor Discretionary account(s) shall be held by the account holders jointly with rights or survivorship (payable to either or the survivor). Under these terms and conditions each joint account holder irrevocably appoints the other as attorney in fact to take all action on his or her behalf and to represent him or her in all respects connection with this agreement. CAPM ADVISORY LIMITED shall be fully protected and indemnified in action but shall not be required to act upon the instruction of either of the account holder, who shall be liable, jointly or severally, for any amounts due to CAPM ADVISORY LIMITED pursuant to this agreement, whether incurred by either both of the account holders.

Jumbo and Market Lots: when an account holder wishes to sell stock, he/she must inform CAPM ADVISORY LIMITED as to the format of the lot being sold, for example 5000 shares in 10's and 2000 in 5's (Jumbo lots are difficult to split with the company and so face considerable discount to market price).

Risk: the account holder understand(s) that the stock market is a rapidly changing market and that there is an inherent risk in incurring loss in share dealings, which CAPM ADVISORY LIMITED is not anyway whatsoever liable and/or responsible for the share dealing of the account holder.

Limit Orders: While CAPM ADVISORY LIMITED will endeavor to purchase or sell the investment within the limits of the prices that may be notified by account holder; CAPM ADVISORY LIMITED does not guarantee or assure that the transactions will be materialized on such notified limits CAPM ADVISORY LIMITED will always endeavor to obtain the best price.

Agents: CAPM ADVISORY LIMITED is authorized to employ other brokers as agents to perform all or part of its duties under these terms and conditions and to provide information regarding the account to such agents CAPM ADVISORY LIMITED may seek and act on an opinion from any lawyer, accountant or professional adviser or other expert and shall not incur any liability by acting upon such opinion.

Associate Companies: CAPM ADVISORY LIMITED may purchase and/or sell investment on behalf of the account holder by placing order with itself and other company whether acting as underwriter(s), investment manager(s), merchant or commercial banks(s), registered or licensed deposit - taker(s), broker(s), dealer(s) or otherwise, or with any other broker(s), and dealer (s) as CAPM ADVISORY LIMITED in its sole discretion may decide.

All Rules and Regulations of the Stock Exchange(S): All transactions duly concluded through and recognized by the Dhaka & Chittagong Stock Exchange Limited (hereafter DSE & CSE) is governed by the respective rules of DSE & CSE relating to trading and Settlement in particular and will be binding on both the parties concerned.

Payment and Disclosure: CAPM ADVISORY LIMITED shall not be obliged to make any payment on behalf of the account holders. CAPM ADVISORY LIMITED may disclose information regarding the account holder or his/her dealings in relation to this agreement to any department of the government or public body upon request, whether or not such request is in fact legally enforceable, and CAPM ADVISORY LIMITED will not be liable in any way to account holder for so doing.

Cancellation provisions: CAPM ADVISORY LIMITED is authorized, in its absolute discretion, should the undersigned die or should CAPM ADVISORY LIMITED for any reason whatsoever deems it necessary for its protection, without notice, or for any reason to cancel any outstanding orders in order to close out the accounts of the account holder, in whole or in part, or to close out any commitment made on behalf of the account holder.

Indemnity: In the event of a default, omission or act committed by CAPM ADVISORY LIMITED as a merchant bank/broker/member of the BSEC, DSE & CSE the account holder shall be indemnified if and only as provided by the Rules and Regulation of the BSEC, DSE & CSE.

Confirmation and settlements: CAPM ADVISORY LIMITED shall use its best endeavors to provide the account holder with (a) written confirmation of each transaction it has effected on instructions, and (b) contract notes (in such form as CAPM ADVISORY LIMITED Shall determine) setting forth (i) details of the trade date, value date, settlement date, quantity, price, commission rate and DSE “Howla” number equivalent provided also that the account holder dose hereby agree and undertake to confirm in writing beforehand of all its/their instructions.

Fees and expenses: The account holder will pay a CAPMAL commission of -----, and any other related expenses as changed that may from time to time be applicable. Every transaction concluded through and recognized by the DSE is subject transaction levies or other fees imposed by the DSE. The account holder understands, acknowledges and accepts that the rate of commission may be changed from time to time at the discretion of CAPM ADVISORY LIMITED.

Set-off: CAPM ADVISORY LIMITED shall be entitled to, in respect of all commission, costs, changed or expense, set off from any monies from time to time held by CAPM ADVISORY LIMITED for the account holder and if such monies are insufficient for the purpose, to sell any investment held by CAPM ADVISORY LIMITED or any its agents on behalf of the account holder without notification, recourse or instruction from the account holder.

Period: This agreement shall remain in force for a period of _____ months\years from the date of signing.

Termination: This agreement will stand terminated: i) Upon the expiry of the period of this Agreement unless renewed upon mutual agreement between CAPM ADVISORY LIMITED and the Account Holder.

ii) Before the expiry of the period of this Agreement, if either CAPM ADVISORY LIMITED or the Account Holder gives _____ months’ notice. Termination shall not absolve the parties from completing accounts and adjusting any outstanding dues or respective right and obligations under this agreement.

iii) If the account holder fails to make payment for any transaction upon due notice for a period of _____ days.

Assignment: The benefits/right and burdens/obligations of this agreement is capable of assignment by both the account holder and CAPM ADVISORY LIMITED without the consent of the other but the notice of assignment must be given to the other in writing.

Force Majeure: CAPM ADVISORY LIMITED shall not be able for any loss, damages, expenses, costs or otherwise resulting directly or indirectly from any Government restriction, exchange ruling, suspension of trading, war, strike, national disaster or any other even or forces majeure or circumstances beyond its control.

Forged Shares: CAPM ADVISORY LIMITED shall not be liable or responsible for any shares that are found to be forged However, CAPM ADVISORY LIMITED will make every attempt to replace the forged shares from the seller.

Law: The terms and conditions contained herein shall be governed by and be construed in accordance with the laws Bangladesh.

Notices:

(a) All notices, instructions or other communications shall be given in English and in writing (facsimile, telex, telegram cable or letter) or orally and shall be sent to CAPM ADVISORY LIMITED and the account holder at the address, fax and/or telex number shown herein or at such other address as may be communicated by the parties here to in writing.

(b) Proof of delivery or dispatch shall be:

(i) In the case of a letter: dispatch of the letter duly stamped and addressed

(ii) In the case of facsimile, telex, telegram, or cable on the day of dispatch with physical or actual confirmation.

(c) All verbal notices, instructions, or other communications should be confirmed in writing within 24 hours.

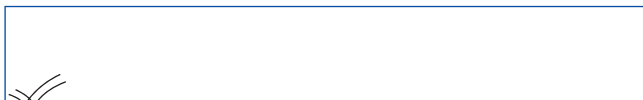
Definitions: Words defined herein, save where a contrary meaning appears or such meaning is inconsistent with the context shall have this same defined meaning wherever used.

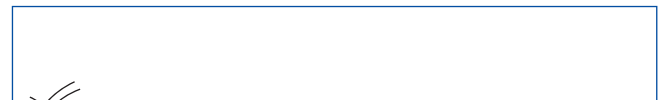
Sums Due: For all purposes, including any legal proceedings, a certificate by any of CAPM ADVISORY LIMITED officers confirming the monies and /or liabilities for the time being due and /or incurred to by the account holder shall be conclusive evidence thereof against him/her.

Disputes and Resolutions of Dispute: In case of any dispute arising between the CAPM ADVISORY LIMITED and the account holder in connection with the interpretation or enforcement of the terms and conditions contained herein, attempts should be made to settle the matter amicably, in case of failure to settle the matter amicably, the same shall be referred to arbitration of two arbitrators, each to be nominated by the parties who shall also appoint an Umpire. The decision of the arbitrators, so nominated shall be binding on both the parties, The arbitration shall be conducted in accordance with the Arbitration Act, 2001.

I/We have read the terms and conditions contained herein above, and having agreed with such terms and condition.

I/we put my /our/company seal and signature on this the days of _____ 20_____.


Signature of the Principal Account Holder


Signature of the Joint Account Holder

Witnessed By:	Witnessed By:
Signature :	Signature :
Name :	Name :
Address :	Address :



A New Generation Merchant Bank

CDBL Account Opening Form

Bye Law 7.3.3 (b)

CDBL Bye Laws Form 02

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 (DD/MM/YYYY) :

Please Tick whichever is applicable

BO Category: Regular <input type="checkbox"/> Omnibus <input type="checkbox"/> Clearing <input type="checkbox"/>	BO Type: Individual <input type="checkbox"/> Company <input type="checkbox"/> Joint Holder <input type="checkbox"/>
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Name of CDBL Participant (Up to 99 Characters)		
CDBL Participant ID	BO ID	Date Account Opened (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.
<input type="text"/>	<input type="text"/>
(In case of a Company/Firm/Statutory Body) Name of Contact Person	
In Case of Individual : <input type="checkbox"/> Male <input type="checkbox"/> Female	Occupation (30 Characters).....
Father's / Husband's Name :	
Mother's Name :	

2. Contact Details

Address:	
City :	Post Code :
State / Division :	Country :
Telephone :	Mobile :
Fax :	E-mail :

3. Passport Details

Passport No :	Issue Place :	Issue Date :	Expiry Date :
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4. Bank Details

Routing Number.....	Bank Account Number.....
Bank Name :	Branch Number.....
District Name.....	Bank Identifier Code (BIC).....
SWIFT Code.....	International Bank A/C No (BAN)
Electronic Dividend Credit: Yes <input type="checkbox"/> No <input type="checkbox"/>	Tax Exemption if any: Yes <input type="checkbox"/> No <input type="checkbox"/>
TIN / Tax ID :	

5. Others Information

Residency: Resident <input type="checkbox"/> Non Resident <input type="checkbox"/> Nationality :	Date of Birth (DD/MM/YYYY) <input type="text"/>
Statement Cycle Code: Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (Please Specify)	
Internal Ref. No (To be filled in by CDBL Participant) :	
In Case of Company:	
Trade License No :	Date of Trade License (DD/MM/YYYY) <input type="text"/>
Incorporation No :	Date of Incorporation (DD/MM/YYYY) <input type="text"/>

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.
<input type="text"/>	<input type="text"/>

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 filled 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 filled 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 : CSE Trading ID :

11. Photograph

<p>Please paste recent passport size Photograph of 1st Applicant or Authorized Signatory in case of Limited Co. Only</p>	<p>Please paste recent passport size Photograph of 2nd Applicant or Authorized Signatory in case of Limited Co. Only</p>	<p>Please paste recent passport size Photograph of Authorized Signatory in case of Limited Co. Only</p>
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
 I confirm the identity, occupation and address of the applicant(s)
 (Signature of Introducer) Depository Participant's Name
Introducer's Name
 BO Account ID

**Central Depository Bangladesh Limited (CDBL)
Depository Account (BO Account) opened with CDBL Participant
Terms & Conditions - Bye Laws 7.3.3 (c)**

CDBL Participant, Dhaka / Chittagong / Sylhet, Bangladesh

Dear Sir,

Please open a Depository account (BO Account) in my/our names(s) on the terms and conditions set out below. In consideration of ... CAPM Advisory Ltd. (the "CDBL Participant") opening the account providing depository account facilities to me/us, I/we have signed the BO Account Opening Form as a token of acceptance of the terms and conditions set out below.

1. I/we agree to be bound by The Depositories Act, 1999, Depositories Regulations, 2000, The Depository (User) Regulations 2003, and abide by the Bye Laws and Operating Instructions issued from time to time by CDBL.
2. CDBL shall allocate a unique identification number to me/us (Account Holder BO ID) for the CDBL Participant to maintain a separate Account for me/us, unless the I/we instructs the CDBL Participant to keep the securities in an Omnibus Account of the CDBL Participant. The CDBL Participant shall however ensure that my/our securities shall not be mixed with the CDBL Participant's own securities.
3. I/we agree to pay such fees, charges and deposits to the CDBL Participant, as may be mutually agreed upon, for the purpose of opening and maintaining my/our account, for carrying out the instructions and for rendering such other services as are incidental or consequential to my/our holding securities in and transacting through the said depository account with the CDBL Participant.
4. I/we shall be responsible for:
 - (a) The veracity of all statements and particulars set out in the account opening form, supporting or accompanying documents;
 - (b) The authenticity and genuineness of all certificates and/or documents submitted to the CDBL Participant along with or in support of the account opening form or subsequently for dematerialization;
 - (c) Title to the securities submitted to the CDBL Participant from time to time for dematerialization;
 - (d) Ensuring at all times that the securities to the credit of my/our account are sufficient to meet the instructions issued to the CDBL Participant for effecting any transaction / transfer;
 - (e) Informing the CDBL Participant at the earliest of any changes in my/our account particulars such as address, bank details, status, authorizations, mandates, nomination, signature, etc.;
 - (f) Furnishing accurate identification details whilst subscribing to any issue of securities.
5. I/we shall notify the CDBL Participant of any change in the particulars set out in the application form submitted to the CDBL Participant at the time of opening the account or furnished to the CDBL Participant from time to time at the earliest. The CDBL Participant shall not be liable or responsible for any loss that may be caused to me/us by reason of my/our failure to intimate such change to the CDBL Participant at the earliest.
6. Where I/we have executed a BO Account Nomination Form:
 - a) In the event of my/our death, the nominee shall receive/draw the securities held in my /our account
 - b) In the event, the nominee so authorised remains a minor at the time of my/our death, the legal guardian is authorised to receive/draw the securities held in my/our account.
 - c) The nominee so authorised, shall be entitled to all my/our account to the exclusion of all other persons i.e., my/our heirs, executors and administrators and all other persons claiming through or under me/us and delivery of securities to the nominee in pursuance of this authority shall be binding on all other persons.
7. I/we may at any time call upon the CDBL Participant to close my /our account with the CDBL Participant provided no instructions remain pending or unexecuted and no fees or charges remain payable by me/us to the CDBL Participant. In such event I/we may close my/our account by executing the Account Closing Form if no balances are standing to my/our credit in the account. In case any balances of securities exist in the account the account may be closed by me/us in one of the following ways:
 - (a) By rematerialization of all existing balances in my/our account;
 - (b) BY transfer of all existing balances in my/our account to one or more of my/our other account(s) held with any other CDBL Participant(s);
 - (c) By rematerialization of a part of the existing balances in my/our account and by transferring the rest to one or more of my /our other account(s) with any other CDBL Participant(s);

8. CDBL Participant covenants that it shall :

- a) act only on the instructions or mandate of the Account Holder or that of such person(s) as may have been duly authorized by the Account Holder in that behalf.
- b) not effect any debit or credit to and from the account of the Account Holder without appropriate instructions from the Account Holder.
- c) maintain adequate audit trail of the execution of the instructions of the Account Holder.
- d) not honour or act upon any instructions for effecting any debit to the account of the Account Holder in respect of any securities unless:
 - (i) Such instructions are issued by the Account Holder under his signature or that of his/its constituted attorney duly authorized in that behalf;
 - (ii) The CDBL Participant is satisfied that the signature of the Account Holder under which instructions are issued matches with the specimen of the account Holder or his/ its constituted attorney available on the records of the CDBL Participant;
 - (iii) The balance of clear securities available in the Account Holder's account are sufficient to honour the Account Holder's instructions.
- e) furnish to the Account Holder a statement of account at the end of every month if there has been even a single entry or transaction during that month, and in any event once at the end of each financial year. The CDBL Participant shall furnish such statements at such shorter periods as may be required by the Account Holder on payment of such charges by the Account Holder as may be specified by the CDBL Participant. The Account Holder shall scrutinize every statement of account received from the CDBL Participant for the accuracy and veracity thereof and shall promptly bring to the notice of the CDBL Participant any mistakes, inaccuracies or discrepancies in such statements.
- f) promptly attend to all grievances / complaints of the Account Holder and shall resolve all such grievances / complaints as it relate to matters exclusively within the domain of the CDBL Participant within one month of the same being brought to the notice of the CDBL Participant and shall forthwith forward to and follow up with CDBL all other grievances / complaints of the Account Holder on the same being brought to the notice of the CDBL Participant and shall endeavour to resolve the same at the earliest.

9. The CDBL Participant shall be entitled to terminate the account relationship in the event of the Account Holder:

- (a) Failing to pay the fees or charges as may be mutually agreed upon within a period of one month from the date of demand made in that behalf;
- (b) Submitting for dematerialization any certificates or other documents of title which are forged, fabricated, counterfeit or stolen or have been obtained by forgery or the transfer whereof is restrained or prohibited by any direction, order or decree of any court or the Securities and Exchange Commission;
- (c) Commits or participates in any fraud or other act of moral turpitude in his /its dealings with the CDBL Participant;
- (d) Otherwise misconducts himself in any manner.

10. Declaration and Signature

I/we hereby acknowledge that I/we have read and understood the aforesaid terms and conditions for operating Depository Account (BO Account) with CDBL Participant and agree to comply with them.

Applicants	Name of applicants / Authorized signatories in case of Ltd Co.	Signature with date
First Account Holder		✓✓
Second Account Holder		✓✓
3rd Signatory (Ltd) Co. only)		



Nomination Form

A New Generation Merchant Bank

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 (DD/MM/YYYY) :

Name of CDBL Participant (Up to 99 Characters)

CDBL Participant ID

Account holder's BO ID

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 :

Telephone : Mobile Phone : Fax : E-mail :

Passport No : Issue Place : Issue Date : 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
(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 (DD/MM/YYYY) :

Maturity Date of Minor (DD/MM/YYYY) :

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 (DD/MM/YYYY)

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 (DD/MM/YYYY)
.....

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 (DD/MM/YYYY) :

Maturity Date of Minor(DD/MM/YYYY) :

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 (DD/MM/YYYY)
.....

2. Photograph of Nominees / Heirs

Please paste recent passport size Photograph	Please paste recent passport size Photograph	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		✓
Second Account Holder		✓

5. Photograph of Power of Attorney Holder (If POA holder is an Individual)

	<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto; padding: 10px;"> <p>Please paste recent passport size Photograph</p> </div> <p>(POA Holder)</p>
--	---

6. 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
POA Holder		✓✓
First Account Holder		✓✓
Second Account Holder		✓✓
3rd Signatory (Ltd Co. only)		

Other Information:

(Individual & Joint Holder's)

Account Type

IDA (Investor Discretionary) Margin Non Margin Other

Contact Person & Joint Holder's Information

Please complete all details in CAPITAL letter:

Contact Person Name :

Father's/Husband's Name :

Account Type: Single Joint

Phone Office: Contact Person Phone :

Email:..... Contact Person Email :

Office Address:.....

Joint Applicant Address:

Relation with Joint Applicant:.....

First Applicant Voter ID No:.....

Joint Applicant Voter ID No:.....


Contact Person Voter ID No.....

Operation Type: Both First Applicant Joint Applicant Operator

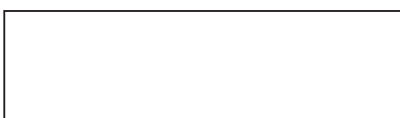
Applicant Signature

Principal Applicant:

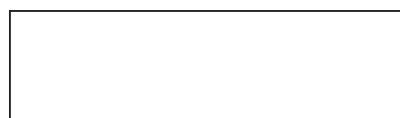
Joint Applicant:

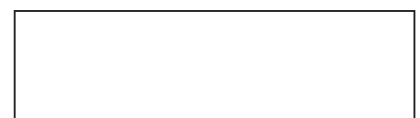
Office Use



Customer Service Officer
Name:
Date:



Compliance
Name:
Date:



Accounts
Name:
Date:

Required list of Documents for Individual, Joint & NRB

Documents Need to be Provided- Mandatory for Individual:

1. Three (3) Copies for IDA (Investor Discretionary Account) of lab print Passport Size Color Photograph (with name written on the other side) of Applicant.
2. NID or Passport Copy of the Applicant.
3. Two (2) copies lab print Passport size color photograph of the Nominee(s) -Attested by Applicant.
4. In case of nominee is a minor, detail of legal guardian.
5. Three (3) copies Passport size photograph of authorized person (If Any) -Attested by Applicant (Certified by Notary Public)
6. NID or Passport Copy of the Authorized Person (If Any)-Attested by Applicant.
7. Buy/Sell Order Book (with client signature-IDA), Pay in Transfer form with Client Name & Signature. (IDA)
8. Bank Certificate/ Bank Statement. (6 months - 1year)

Required documents for Joint Account (each document for both applicants)

1. Three (3) copies of lab print passport size color photograph (with name written on the other side) applicants attested by Account Holder.
2. NID or Passport Copy of applicants.
3. Three (3) copies passport size photograph of authorized person (if any) attested by both applicants (Certified by Notary Public)
4. NID or Passport Copy of the Authorized Person (If Any)-Attested by both Applicants.

Optional Documents List for Individual, Joint Account:

1. TIN Certificate (If Any).

List of Required Document for NRB:

1. Three (3) Copies of lab print Passport size color Photograph (with name written on the other side of Applicant).
2. Copy of valid passport.
3. Copy of National ID Card, Local Bank Account Certificate of Applicant.
4. Two (2) copies lab print Passport size color photograph of the Nominee(s) -Attested by Applicant.
5. In case of nominee is a minor, detail of legal guardian.
6. Three (3) copies Passport size photograph of authorized person (If Any) -Attested by Applicant (Certified by Notary Public)
7. In case of nominee is a minor, detail of legal guardian.
8. Source of Income Proof.
9. Foreign Currency Bank Account.
10. Buy/Sell Order Book (with client signature), Pay in Transfer form with Client Name & Signature.

Required List of Documents/Forms to open New BO Account /Portfolio Account-(Corporate) Common Documents Need to be Provided:

1. Three (3) Copies of lab print Passport Size color Photograph of the Proprietor/Managing Partner/Managing Director/CEO.
2. Three (3) Copies of lab print Passport Size color Photograph of both Authorized Signatories (Certified by Notary Public)
3. NID or Passport Copy of the Proprietor/Managing partner/Managing Director/CEO.
4. NID or Passport Copies of the Authorized Signatories (If Any) attested by Proprietor/Managing Partner/ Managing Director/CEO.
5. Bank Certificate/Bank Statement (6 months - 1 year).
6. Copy of TIN Certificate, Copy of Valid Trade License.
7. Buy/Sell Order Book (with client signature) & Pay in Transfer form with Client Name & Signature.

Other List of Required Documents as Per Organization Types:

1. If Nominee is mentioned, then one (1) photograph of the Nominee, attested by the Applicant.
2. 18-a permission from Bangladesh Bank (for GSA & agents only)

List of Required Documents for a Partnership Concern:

1. Photocopy of partnership deed (Certified by Notary Public).
2. Partnership letter of authority to open account and authorization for operation.
3. 18-a permission from Bangladesh Bank (for GSA & agents only)

List of Required Documents for a Limited Liability Company:

1. RJSC Certified Memorandum of Association (MoA) and Articles of Association (AoA).
2. Certificate of Incorporation and Certificate for Commencement of Business (For Public Limited Companies).
3. Latest copy of Form XII of Companies Act, 1994.
4. Copy of the license from Bangladesh Bank/IDRA (In case of financial Institutions/ Insurance Companies).
5. Board Resolution (Original copy mentioning name of the CAPMAL, account title, signatory(s), mode of operations etc.)
6. List of directors along with addresses.
7. List of authorized signatories along with addresses.

List of Required Documents for an Association/Trust/Society/Provident Fund:

1. Trust Deed (for trust accounts only).
2. Copy of constitution /by laws /rules (Certified by RJSC or the Applicable Registration Authority).
3. Certificate of Registration.
4. List of members of the Governing Bodies along with addresses.
5. Governing Body resolution to open the account in CAPMAL, account title, authorized signatories and mode of operation.
6. Recognition Letter from NBR (for provident funds only).
7. List of authorized signatories along with addresses.

List of Required Documents for a NGO:

1. Photocopy of By-Laws / Constitutions (Certified by the Applicable Registration Authority).
2. Certificate from social Welfare / Cultural Society / NGO Bureau Permission.
3. Board Resolution (Original copy mentioning name of the CAPMAL, account title, signatory(s), mode of operations etc.).
4. List of authorized signatories along with addresses.

Required Document List for Existing BO Account Holder-(Corporate)

1. Existing Portfolio Full Details, Share Transfer Form, Authorization Form in favor of CAPMAL.



A New Generation Merchant Bank

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-  www.linkedin.com/in/capm-advisory-ltd