Date:	/2016		
Multi Share 56-57	aging Director i Securities & Services Leef Mansion (5 th Floor) 7, Motijheel C/A ta-1000.	td.	
Dear Rega		nee' in my BO account.	
need	, client of your company to change of Nominee inee are mentioned below	bearing BO ID # 12028300in my BO account for unavoidable circles:	and Client Code#cumstances. The details of my
	inee No.: 1		
Sl No.	Description	Present Nominee	Past Nominee
1	Name		
2	Father's Name		
3	Mother's Name		
4	Address		
5	Relation		
6	Percentage		
7	Remarks	and the second s	
Nom Than	efore I/we would like to inee in my BO account anking you.	request you to please take the necessary as mentioned above.	measures regarding change the
()	

BO Account Nomination Form

Please complete all details in CAPITAL Letters. Please fill all names correctly. All communaications shall be sent to the correspondence						
address of only the First Named Account Holder as spesified in BO Account Opening Form 02.						
Application No. Date: (DD/MM/YYYY)						
Name of CDBL Participant (up to Character) MULTI SECURITIES & SERVICES LMITED CDBL Participant ID						
Account Holder's BO ID 1 2 0 2 8 3 0 0 2 8 3 0 0						
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.						
I/We nominiate 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						
1. Nominee / Fields 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/Ms/Dr.						
Relationship with A/C HolderPercentage (%)						
Address:						
City						
Mobile PhoneEmail:Email:						
Passport NoIssue PlaceExpiry DateExpiry Date						
Residency : Resident Non Resident Nationality Date of Birth (DD/MM/YYYY)						
Guardian's Details (If Nominee is a Minor)						
Name inFull						
Short Name of Nominee (Insert full name starting with Title i.e. Mr./Mrs./Ms/Dr. abbreviate only if over 30 Characters)						
Relationship with A/C HolderPercentage (%)						
Address:						
City Post Code State/Division						
Mobile PhoneEmail:						
Passport No						
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 ov	er 30 Characters) Title i.e. Mr/Mrs/Ms/Dr.					
	Title I.e. IVITIVIIS/MIS/DI.					
Relationship with A/C Holder	Percentage (%)					
Address:						
City						
Mobile PhoneEmail:						
Passport NoIssue PlaceExpiry DateExpiry Date						
Residency : Resident Non Resident Nationality Date of Birth	(DD/MM/YYYY)					
Guardian's Details (If Nominee is a Minor)						
Name inFull						
Short Name of Nominee (Insert full name starting with Title i.e. Mr./Mrs./Ms/Dr. abbreviate only if over	er 30 Characters) Title i.e. Mr/Mrs/Ms/Dr.					
Relationship with A/C HolderPercentage (%)						
Address:						
City Post Code State/Division Country	Telephone					
Mobile PhoneEmail:						
Passport NoIssue PlaceExpiry DateExpiry Date						
Residency : Resident Non Resident Nationality Date of Birth	(DD/MM/YYYY)					
2. Photograph of Nominees/Heirs						
Recent Passport Size Photograph Recent Passport Size Photograph Recent Passport Size Photograph Photograph	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						

MULTI SECURITIES & SERVICES LIMITED CORPORATE MEMBER: DHAKA & CHITTAGONG STOCK EXCHANGE LTD.

Account Number	во пр 1 2	2 0 2 8 3 0 0	
First Account Holde			
Name			Stamp Size Photo
Signature		Date D M M Y Y	,
Joint Account Holde	er		
Name			Stamp Size Photo
Signature		Date D M M Y Y	
Nominee			
Name			Stamp Size Photo
Signature		Date D D M M Y Y	
Authorised Person			
Name		1	Stamp Size Photo
Signature		Date D D M M Y Y	
Power of Attorney			
Name			Stamp Size Photo
Signature		Date D D M M Y Y	
☐ Cheque Collect ☐ Portfolio Stateme	Cheque Deposit ent Collect Buy / Sell	Share Collect Share Dellect Share Dellect	eposit
Dealer			
Short Name :			
Name :			
Signature		Date D M M Y Y	
Master Code, if any	Name		