DATE:/.../
Managing Director
Multi Securities & Services Ltd.
Sharif Mansion (5<sup>th</sup> Floor)
56-57,
Motijheel
C/A Dhaka1000.

Dear Sir,

Regarding Change of 'POA' in my BO account.

### POA No.: 1

Description	Present POA	Past POA
Name		
Father's Name		
Mother's Name		e.
Address		
Relation		
Percentage		
Remarks		
	Name Father's Name Mother's Name Address Relation Percentage	Name Father's Name Mother's Name Address Relation Percentage

Therefore I/we would like to request you to please take the necessary measures regarding change the POA in my BO account as mentioned above.

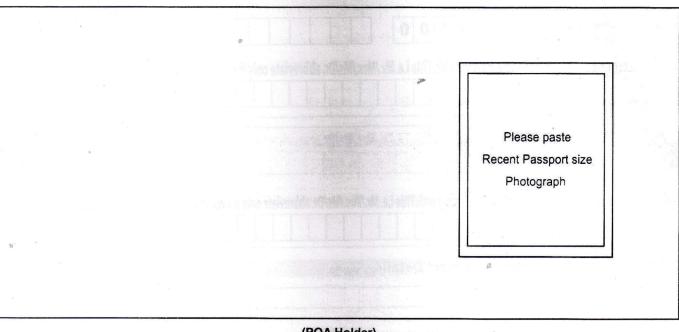
Thanking you.

Yours Faithfull

### Power of Attorney (POA) Form

Named Account Holder as specified in BO Account	ase fill all names correctly. All com t Opening Form 02.	munaications shall be sent to thecorrespo	ndence address of only the Firs
Application No.		Date: (DD/MM/YYYY)	
Name of CDBL Participant (up to Character) MULTI SECURITIES & SERVICES LIMITED			
Account Holder's BO ID 1 2 0 2	8 3 0 0		CDBL Participant ID  2 8 3 0 0
Name of Account Holder (Insert full name starti	ng with Title i.e. Mr./Mrs./Ms/Dı	abbreviate only if over 30 Characters)	Title i.e. Mr/Mrs/Ms/Dr.
Power of Attorney Holder's Details			
Name in Full			
Short Name of Power of Attorney (Insert full name s	tarting with Title i.e. Mr./Mrs./Ms.	/Dr. abbreviate only if over 30 Characters)	Title i.e. Mr/Mrs/Ms/Dr.
1. Power of Attorney Holder's C	ontact Details		
Address			
CityPost Code	State/Division	CountryTel	ephone
Mobile Phone			
2. Power of Attorney Holder's N	ationality & Passport		
National ID No.:			
Passport Nolssue Pla	(e	Issue Date	xpiry Date
3. Others Information of Power	of Attorney Holder		
Residency : Resident Non Resident	Nationality	Date of Birth (DD/MM/YYYY)	
Power of Attorney Effecctive From D D M	М У У У У	D D M M Y Y Y	
Remarks (Insert reference to POA document	i.e. POA or General POA etc.) :		

## 4. Photograph of Power of Attorney Holder



(POA Holder)

#### 5. Declaration

The rules and regulations of the Depository and CDBL Partcipant 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 ture 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 suppression of any material fact will render my/our account liable for termination and further action.

Applicant	Name of applicant/Authorized Signatories in case of Ltd. Co.	Signature
POA Holder		
First Applicant		
Second Applicant		
3rd Signatory (Ltd. Co. only)		

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

Account Number   BO ID   1   2   0   2   8   3   0   0	
First Account Holder	
Name	Stamp Size Photo
Signature Date D M M Y Y	
Joint Account Holder	
Name	Stamp Size Photo
Signature Date D M M Y Y	
Nominee	
Name	Stamp Size Photo
Signature D D M M Y Y	
Authorised Person	
Name	Stamp Size Photo
Signature Date D M M Y Y	
Power of Attorney	
Name	Stamp Size Photo
Signature Date D M M Y Y	
☐ Cheque Collect ☐ Cheque Deposit ☐ Share Collect ☐ Share □	Deposit
Portfolio Statement Collect Buy / Sell Order Slip Deposit	, ,
Dealer	
Short Name :	
Name :	
Signature Date D M M Y Y	
Master Code, if any Name	