

**DATE:/.../.....**  
**Managing Director**  
Multi Securities & Services Ltd.  
Sharif Mansion (5<sup>th</sup> Floor)  
56-57,  
Motijheel  
C/A Dhaka-  
1000.

Dear Sir,  
**Regarding Change of 'POA' in my BO account.**

I/We, client of your company bearing **BO ID # 12028300** ----- and Client Code#.....  
Need to change of **POA** in my **BO** account for unavoidable circumstances. The details of  
my POA are mentioned below:

**POA No.: 1**

SI No.	Description	Present POA	Past POA
1	Name		
2	Father's Name		
3	Mother's Name		
4	Address		
5	Relation		
6	Percentage		
7	Remarks		

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

Form-20

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 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 starting with Title i.e. Mr./Mrs./Ms/Dr. 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 starting 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 Contact Details

Address

City  Post Code  State/Division  Country  Telephone

Mobile Phone  Fax  Email

## 2. Power of Attorney Holder's Nationality & Passport

National ID No.:

Passport No.  Issue Place  Issue Date  Expiry Date

## 3. Others Information of Power of Attorney Holder

Residency : Resident  Non Resident  Nationality  Date of Birth (DD/MM/YYYY)

Power of Attorney Effective From  To   
D D M M Y Y Y Y      D D M M Y Y Y Y

Remarks (Insert reference to POA document i.e. POA or General POA etc.) :

**4. Photograph of Power of Attorney Holder**

Please paste  
Recent Passport size  
Photograph

(POA Holder)

**5. 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 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

<b>First Account Holder</b>		Stamp Size Photo
Name .....	.....	
Signature <input type="text"/>	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y	

<b>Joint Account Holder</b>		Stamp Size Photo
Name .....	.....	
Signature <input type="text"/>	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y	

<b>Nominee</b>		Stamp Size Photo
Name .....	.....	
Signature <input type="text"/>	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y	

<b>Authorised Person</b>		Stamp Size Photo
Name .....	.....	
Signature <input type="text"/>	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y	

<b>Power of Attorney</b>		Stamp Size Photo
Name .....	.....	
Signature <input type="text"/>	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y	

<input type="checkbox"/> Cheque Collect	<input type="checkbox"/> Cheque Deposit	<input type="checkbox"/> Share Collect	<input type="checkbox"/> Share Deposit
<input type="checkbox"/> Portfolio Statement Collect	<input type="checkbox"/> Buy / Sell Order Slip Deposit		

<b>Dealer</b>	
Short Name : .....	.....
Name : .....	.....
Signature <input type="text"/>	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y

Master Code, if any  Name .....