

ACCOUNT OPENING FORM

Individual or Joint Account

GLOBE INVESTMENT & FINTECH CO. LTD.

TREC NO. 189

Dhaka Stock Exchange PLC.

BSEC Reg.No.-3.1/DSE-189/2008/241

Name	
Name (Joint)	
Client Code	BO ID No. 1 2 0 1 7 0 0 0
Address.	
Phone	Mobile

শেয়ার বাজারে বিনিয়োগ ঝুঁকিপূর্ণ, জেনে ও বুঝে বিনিয়োগ করুন।

List of Required Documents:

Individual Account

Joint Account

- 2 Copies Color Passport Size Photograph (Lab Print) (For Both 1st And 2nd Account Holder)
- ☐ 1 Copy Color Photograph of Naminee Attested By Account Holder

Additional for NRB or Foreigner

- Passport
- ₩ Visa/Residential Permit and Work Permit
- ₩ NITA Bank Account with supporting documents



GLOBE INVESTMENT & FINTECH CO. LTD.

TREC NO. 189, Dhaka Stock Exchange PLC.

BSEC Reg.No.-3.1/DSE-189/2008/241 Alamin Millennium Tower, (9th Floor) 75 & 76, Kakrail, Dhaka-1000.

Phone: Phone: 02-226664815-19 E-mail: admin@gifc.com.bd Web: www.gifc.com.bd

FORM-II [BSEC Rule 5 (2) (e) of 2020]

Customer Account Opening Form

Photograph of first account holder with attestation of the Introducer

Photograph of joint account holder with attestation of the Introducer

Date Date
Customer Account No. BO Account No. 1 2 0 1 7 0 0 0
Account Type : Cash Margin BO Type : Individual Joint
Citizenship status : Resident Bangladeshi Non-Resident Bangladeshi Foreigner/Other :
[To be filled by the Applicant]
Name of the First Applicant/Customer :
Father's Name :
Spouse's Name :
Present / Contact Address :
Permanent Address :
Nationality :
Date of Birth :
Passport / Birth Certificate / Driving License Number :
Mobile No : E-mail :
Name of the Second Applicant/Customer :
Father's Name:
Spouse's Name :
Present / Contact Address :
Permanent Address :
Nationality :
Date of Birth :
Passport / Birth Certificate / Driving License Number :
Mobile No : E-mail :
Whether the applicant is an Officer or Sponsor/Director of any Broker/Dealer/Exchange/Depository/ Clearing & Settlement Company/ Listed Company ? Yes No
If yes, please mention the name & address of the Broker/Dealer/Exchange/Depository/ Clearing & Settlement Company/Listed Company with designation of the said officer or sponsor or director :
Signature of the First Applicant Signature of the Second Applicant

Have any other Custo	mer Account with	any Stock Broker(s)?	Yes No	If yes, give	details :		
Client Code	NO.	BO Acc	ount No.		Nar	me of Broker	
Bank Account Detai	ls						
Bank Name :				Name :			
Account No.			Routing	No.			
Authorized Person	Dotails/if any)						
Declaration	Details(II ally)						
the said account such	as share buy and will not have any yen below. Name:	d sell (over telephonic o objection in future at al	order is also accepta ny activities execute e / Driving License N	lble), deposited by the sa	it and withdraw	in any form besi se specimen sig	ides me/us.
Introducer Details							
Name :							
Account No :					-		
Mobile No :					_	Signature	
Special Instruction, if a	ny :						
Account operating instr		or Survivor Jointly	operated Any o			s (specify):	

CDBL Bye Laws

BO Account Opening Form (Bye Law 7.3.3 (b)

Form 02

Please complete all details in CAPITAL letters. Please fill all names correctly. Names once captured cannot be changed. All communications shall be sent only to the First Named Account Holder's correspondence address.
Application No :
Please Tick whichever is applicable
BO Category: Regular Omnibus Clearing BO Type: Individual Company Joint Holder
Name of CDBL Participant (Up to 99 Characters) GLOBE INVESTMENT & FINTECH CO. LTD. CDBL Participant ID BO ID Date Account Opened (DDMMYYYY) 1 7 0 0 0 0 1 2 0 1 7 0 0 0 0
I / We request you to open a Depository Account in my/ our name as per the following details:
1. First Applicant
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.
(In case of a Company/Firm/Statutory Body) Name of Contact Person :
In Case of Individual Male Cocupation :
Father's / Husband's Name :
Mother's Name:
2. Contact Details
Address:
City:
Tel :
3. Passport Details
Passport No : Expiry Date : Expiry Date :
4. Bank Details
Routing No. Bank Account No.
Bank Name : District Name :
Electronic Dividand Credit Yes No Tax Exemption if any Yes No TIN / Tax ID :
5. Other Information
Residency: Resident Non-Resident Nationality:
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:
6. Joint Applicant (Second Account Holder)
N
Name in Full (Up to 99 Characters):

7. Account Link Request							
Would you like to create a link to y	our existing Depository	Account?	Yes		No		
If yes, then please provide the dep	oository BO Account Cod	de (8 Digits):					
8. Nominees / Heirs							
If account holder (s) wish to nomina of the sole account holder / all the and the nominees giving names of is a minor, guardian's name, addre	joint account holders, a nominees, relationship	separate nominat with first account h	ion Form - 23 iolder, percer	B must be fille	ed up and sigr	ned by all accoun	t holder
9. Power of Attorney (POA)						
If account holder (s) wish to give a signed by all account holders giving	g the name, contact deta	ails etc. of the PO	holder and	a POA docur	nent lodged w	ith the form.	·
10. To be filled in by the Sto	ock Broker / Stock E	xchange in case	e the applic	ation is fo	r opening a	Clearing Acco	unt.
Exchange Name DSE	Trading ID :			CSE Tra	ading ID :		
11. Photograph							
						1	
Please paste recent passport size photograph of 1st applicant or Authorized Signatory in case of Limited Co. Only		Please pas recent pass size photogra 2nd applicar Authorize Signatory in o of Limited Co.	ph of of or		recer size pl Au Signa	ase paste nt passport hotograph of uthorized tory in case ted Co. Only	
(First Applicant))	(Second App	licant)		(Thir	d Applicant)	
12. Standing Instructions							
I/We authorize you to receive fac	simile (Fax) transfer ir	nstructions for del	ivery.		Yes	No	
13. DECLARATION							
The rules and regulations of the I me/us and I/we have understood such accounts. I/We also declare such application. I/we further agre my/our account liable for terminat	the same and I/we agre that the particulars give ee that any false/mislea	ee to abide by and en by me/us are t	d to be boun rue to the be	d by the rule st of my/our	s as are in fo knowledge a	rce from time to s on the date of	time for making
Applicants	N	lame			Sign	ature with da	ate
First Applicant							
Second Applicant							
14. Special Instructions on	operation of joint Ac	count					
Either or Survivor.	<u> </u>	y one can opera	ate		Any two w	vill operate join	tly
Account will be operated b	у			_ with any	one of the o	others.	
15. Introduction							
Introduction by an existing ac	count holder of :	LOBE INVE			TECH CO). LTD.	
I confirm the identity, occupat	tion and address of th	e applicants (s)	:	(Intro	ducer's Nam	 ne)	
	А		2 0 1	7 0 0	0		

BO Account Nomination Form

CDBL Bye Laws

Form 23

Please complete all details in CAPITAL letters. **Please fill all names correctly. Names once captured cannot be changed.** All communications shall be sent to the correspondence address of only the First Named Account Holder as specified in BO Account Opening Form-02.

Name of Account Holder (Insert full Name starting with Title Le. Mr. / Mrs. / Ms. / Dr. abbreviate only if over 30 characters) / We nominate the following person(s) who is/are entitled to receive securities outstanding in my/our account in the even 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. / Ms. / Dr. abbreviate only if over 30 characters) Title i.e. Mr. / Mrs. / Ms. / Dr. abbreviate only if over 30 characters) Title i.e. Mr. / Mrs. / Ms. / Dr. abbreviate only if over 30 characters) Title i.e. Mrs. / Ms. / Dr. abbreviate only if over 30 characters) Title i.e. Mrs. / Ms. / Dr. abbreviate only if over 30 characters) Title i.e. Mrs. / Ms. / Dr. abbreviate only if over 30 characters) Title i.e. Mrs. / Mrs. / Ms. / Dr. abbreviate only if over 30 characters) E-mail Address: Relationship with the Customer(s): Guardiar's Details (if Nominee is a Minor) Name in Full: Short Name of Nominee (Insert full Name starting with Title i.e. Mr. / Mrs. / Mrs. / Ms. / Dr. abbreviate only if over 30 characters) Relationship with Nominee: Date of Birth of Minor (DDMMYYYY): Address: City: Post Code: State/Division: Country: Tele: Mobile: E-mail: Passport No: Issue Place: Expiry Date: Expiry Date:	Application No. :				Date (DDMMY	YYY) :.				
Name of Account Holder (Insert full Name starting with Title Le. Mr. / Mrs. / Ms. / Dr. abbreviate only if over 30 characters) / We nominate the following person(s) who is/are entitled to receive securities outstanding in my/our account in the even 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 Le. Mr. / Mrs. / Ms. / Dr. abbreviate only if over 30 characters) Permanent Address: City: Permanent Address: City: Post Code: State/Division: Date of Birth National ID / Passport / Birth Certificate / Diriving License Number: Phone No: Mobile No: Be-mail Address: Guardian's Details (if Nominee is a Minor) 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) Relationship with the Customer(s): Percentage (%) of Nomination: Guardian's Details (if Nominee is a Minor) 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) Relationship with Nominee: Date of Birth of Minor (DDMMYYYY): Maturity Date of Minor (DDMMYYYY): Address: City: Post Code: State/Division: Country: Tele: Mobile: E-mail: Passport No: Issue Place: Issue Date: Expiry Date:	Name of CDBL Participant : GLO	BE INVEST	MENT & F	INTE	CH C	O. LTD) .	CDI	_		
/ We nominate the following person(s) who is/are entitled to receive securities outstanding in my/our account in the even 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 Lo. Mr. / Mrs. / Ms. / Dr. abbreviate only if over 30 characters) Profession: Father's Name: Permanent Address: City: Post Code: State/Division: Date of Birth Sex: Mobile No: Be-mail Address: Relationship with the Customeries is a Minor) Name in Full: Short Name of Nominee (Insert full Name starting with Title Le. Mr. / Mrs. / Ms. / Dr. abbreviate only if over 30 characters) Relationship with the Customeries is a Minor) Name in Full: Short Name of Nominee (Insert full Name starting with Title Le. Mr. / Mrs. / Ms. / Dr. abbreviate only if over 30 characters) Relationship with Nominee: Date of Birth of Minor (DDMMYYYYY): Maturity Date of Minor (DDMMYYYYY): Address: City: Post Code: State/Division: Country: Tele: Mobile: E-mail: Passport No: Issue Place: Expiry Date: Expiry Date:	Account holder's BO ID : 1 2 0	1 7 0 0 0									
Nominee 1 Name in Full: Short Name of Nominee (Insert full Name starting with Title i.e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Father's Name: Permanent Address: City: Post Code: State/Division: Country: Phone No: Relationship with the Customer(s): Relationship with Nominee (Insert full Name starting with Title i.e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Short Name of Nominee (Insert full Name starting with Title i.e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Father's Name: Permanent Address: City: Post Code: State/Division: Country: Date of Birth Date of Birth Phone No: Relationship with the Customer(s): Percentage (%) of Nomination: Guardian's Details (if Nominee is a Minor) Name in Full: Short Name of Nominee (Insert full Name starting with Title i.e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Relationship with Nominee: Date of Birth of Minor (DDMMYYYY): Address: City: Post Code: State/Division: Country: Tele: Mobile: E-mail: Passport No: Issue Place: Issue Date: Expiry Date:	Name of Account Holder (Insert full Name startin	ng with Title i.e. Mr. / I	Mrs./ Ms. / Dr. al	obrevlate	e only if ov	ver 30 cha	racters)				
Nominee 1 Name in Full: Short Name of Nominee (Insert full Name starting with Title i.e. Mr. / Mrs. / Ms. / Dr. abbrevlate only if over 30 characters) Title i.e. Mr. / Mrs. / Ms. / Dr. Title i.e. Mr. / Mrs. / Ms. / Dr. abbrevlate only if over 30 characters) Title i.e. Mr. / Mrs. / Ms. / Dr. Title i.e. Mr. / Mrs. / Ms. / Dr. abbrevlate only if over 30 characters) Title i.e. Mr. / Mrs. / Ms. / Dr. abbrevlate only if over 30 characters) Title i.e. Mr. / Mrs. / Ms. / Dr. abbrevlate only if over 30 characters only if over 30 charact			ed to receive	securit	ies outst	anding i	n my/o	our acc	coun	t in th	ne even
Name in Full: Short Name of Nominee (Insert full Name starting with Title I.e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Title (e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Title (e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Title (e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Title (e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Title (e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Title (e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Title (e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Title (e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Title (e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Title (e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Title (e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Title (e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Title (e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Title (e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Title (e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Title (e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Title (e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Title (e. Mr. / Ms. / Dr. abbrevlate only if over 30 characters) Title (e. Mr. / Ms. / Dr. abbrevlate only if over 30 characters) Title (e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Title (e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Title (e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Title (e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Title (e. Mr. / Ms. / Dr. abbrevlate only if over 30 characters) Title (e. Mr. / Ms. / Dr. abbrevlate only if over 30 characters) Title (e. Ms. / Ms. / Dr. abbrevlate only if over 30 characters)	1. Nominee / Heirs Details										
Short Name of Nominee (Insert full Name starting with Title i.e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Title i.e. Mr. / Mrs./ Ms. / Dr. Profession: Father's Name: Permanent Address: City: Post Code: State/Division: Country: Date of Birth Sex: Male Female Nationality: National ID / Passport / Birth Certificate / Driving License Number: Phone No: Mobile No: E-mail Address: Guardian's Details (if Nominee is a Minor) Name in Full: Short Name of Nominee (Insert full Name starting with Title i.e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Relationship with Nominee: Date of Birth of Minor (DDMMYYYY): Address: City: Post Code: State/Division: Country: E-mail: Expiry Date:											
Profession: Father's Name: Mother's Name: Permanent Address: City: Post Code: State/Division: Country: Date of Birth National ID / Passport / Birth Certificate / Driving License Number: Phone No: Mobile No: E-mail Address: Relationship with the Customer(s): Percentage (%) of Nomination: Guardian's Details (if Nominee is a Minor) 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) Relationship with Nominee: Date of Birth of Minor (DDMMYYYY): Address: City: Post Code: State/Division: Country: Tele: Bemail: Passport No: Issue Place: Issue Date: Expiry Date:											
Father's Name :	SHOTE NAME OF NOTHINGE (ITSELT THE NAME STATE)	Ig with Title i.e. Wil. 7 W	III S. / DI. abi	Jieviale	only if ove	Joenara	cters	Title	i.c. ivii	7 10113.7	W3.7 DI.
Permanent Address: City:	Profession :										
City:	Father's Name :		Mother's	Name :							
Date of Birth Sex: Male Female Nationality:	Permanent Address :										
National ID / Passport / Birth Certificate / Driving License Number :	City:Post Code:	State/	/Division :		Co	ountry :					
Phone No.: Mobile No: E-mail Address:	Date of Birth S	Sex : Male	Female Na	tionality	:						
Relationship with the Customer(s):	National ID / Passport / Birth Certificate / Dri	iving License Numbe	er :								
Guardian's Details (if Nominee is a Minor) Name in Full: Short Name of Nominee (Insert full Name starting with Title i.e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Relationship with Nominee: Date of Birth of Minor (DDMMYYYY): Address: City: Post Code: Mobile: E-mail: Passport No: Issue Place: Issue Date: Expiry Date:	Phone No.:	. Mobile No :		E-	mail Addre	ess :					
Name in Full: Short Name of Nominee (Insert full Name starting with Title i.e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Relationship with Nominee: Date of Birth of Minor (DDMMYYYY): Address: City: Post Code: State/Division: Country: Tele: Mobile: E-mail: Passport No: Issue Place: Issue Date: Expiry Date:	Relationship with the Customer(s):			Perc	entage (%) of Nomi	nation :				
Short Name of Nominee (Insert full Name starting with Title i.e. Mr. / Mrs./ Ms. / Dr. abbrevlate only if over 30 characters) Relationship with Nominee:	Guardian's Details (if Nominee is a Minor)										
Relationship with Nominee:	Name in Full :										
Address: City: Post Code: State/Division: Country: Tele: E-mail: Passport No: Issue Place: Issue Date: Expiry Date:	Short Name of Nominee (Insert full Nam	ne starting with Ti	itle i.e. Mr. / N	Irs./ Ms	s. / Dr. ab	brevlate	only if	over	30 c	harac	ters)
Address: City: Post Code: State/Division: Country: Tele: E-mail: Passport No: Issue Place: Issue Date: Expiry Date:											
City : Post Code : State/Division : Country : Tele : Mobile: E-mail : Passport No : Issue Place : Expiry Date :	Relationship with Nominee : Da	ate of Birth of Minor (DD	DMMYYYY) :		Maturi	ty Date of I	Minor (DI	OMMYY	YY):.		
Tele :	Address:										
Passport No :	City: Post Code:	State	/Division :		Co	ountry :					
	Tele: Mob	oile:			E-mail :						
	Passport No : Issue	Place :	lss	ue Date	::	Ex	piry Da	te :			
Residency: Resident Non-Resident Nationality:	Posidonev : Posidont Man Posid	ont Nationality				Date of D		D M	M	<u>Y</u> Y	YY

CDBL Bye Laws Form 23

Nominee 2																							
Name in Full:									abbre	vlat	e only	 / if o	ver 30) ch		 cter		Ti	 le i.e	 Mr.	 / Mrs.	/ Ms	/ Dr.
Profession :																							
Father's Name :							N	1othe	r's Na	me	:												
Permanent Address:																							
City:	Post Co	ode :			S	tate/[Divisio	n :					Coun	ntry	:								
Date of Birth			Sex	:	Male	•	Fen	nale	Nati	iona	ality :												
National ID / Passport / Bi	irth Certifi	cate / [Driving	Licer	nse Nu	mber	· :																
Phone No. :			Мо	bile N	lo :					E	∃-mai	l Add	dress	; :									
Relationship with the Cust	tomer(s):									Pe	rcenta	age	(%) o	f N	omii	nati	ion	:					
Guardian's Details (if No			•																				
Name in Full:Short Name of Nomine													abbr	evl	ate	or	iy i	f ove	 r 30) ch	ara	cter	 S)
										Τ							Ť			T			-,
Relationship with Nominee :			Date of	Birth o	of Minor	r (DDN	MYYY	/Y):.				. Mat	urity [Date	e of N	∕linc	or (D	DMMY	YYY):			
Address :																							
City:	Post Co	ode :			S	tate/[Divisio	n :					Coun	ntry	:								
Tele :		M	obile: .								E-	-mail	:										
Passport No :		Issı	ue Plac	e :					Issue	Da	ite :				. Ex	piry	y Da	ate :					
Residency : Resider	nt N	on-Res	ident	Natio	nality ·								Da	nte (of Ri	irth		D .	M	<i>M</i> \	/ Y	Y	Υ <u>Υ</u>
-			idoni.	rtatio	riunty .								Bu		01 01							<u> </u>	
Photograph of Nomino	ees / Hei	rs																					
Photograph(s) of Nominee(s) with attestation of the Customer(s)			of No with a	ograp omine attesta of the otomei	e(s) ation				o W	of No rith a	ograp omine attesta of the stomer	e(s) ation						of wi	Non h att	nine testa the	h(s) e(s) ation r(s)		
Nominee/Heir 1			Nomi	nee/	Heir 2	2				Gu	ardia	an 1							Gua	ard	ian	2	
				Naı	me												Sig	natur	е				
Nominee/Heir 1																							
Guardian 1																							
Nominee/Heir 2																							
Guardian 2																							
First Account Holder																							
Second Account Holder																							

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 bellow. In consideration of **GLOBE INVESTMENT & FINTECH CO. 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 bellow.

- 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.
- 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	Full Name	Signature with Date
First Applicant		
Second Applicant		



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Power of Attorney (POA) Form

Please staple recent passport size photograph

		ITAL letters. Please fill all e First Named Account Hold		mmunications shall be sent to the count Opening Form -02.
Account No.				Date Date
Name of CDBL Part	icipant (Up to 99	Characters)		CDBL Participant ID
GLOBE INVE	STMENT &	FINTECH CO. LTD).	1 7 0 0 0
Account holder's BO	O ID 1 2 0	0 1 7 0 0 0		
Name of Account Hold			Mr. / Mrs. / Ms / Dr, ab	breviate only if over 30 characters)
Power of Attorne	y Holder's Deta	ils		
Short Name of Power of Att	orney Holder (Insert f	ull name starting with Title i.e. Mr	/ Mrs. / Ms / Dr, abbreviate o	nly if over 30 characters) Title i.e. Mr/Mrs
1. Power of Attorney	y Holder's Contac	t Details:		
Address :				
City:	Post C	ode: State/Divi	sion : Co	ountry:
Phone:		Mobile :	E-mail:	
2. Power of Attorney	v Holder's Passpo	ort Details		
	,			
Passport No.:		Issue Place:	Issue Date:	Expiry Date:
			Issue Date:	Expiry Date:
Passport No. : 3. Others Information			Issue Date:	Expiry Date:
3. Others Information	on of Power of A			e Of Birth
3. Others Information Residency:	on of Power of At	ttorney Holder	Dat	
3. Others Information	on of Power of At	ttorney Holder	Dat	e Of Birth
3. Others Information Residency:	esident Non-I	Resident Nationality: D D M M Y Y Y Y	Dat	e Of Birth D D M M Y Y Y
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3. Others Information Residency:	esident Non-I	Resident Nationality: D D M M Y Y Y Y	Dat	e Of Birth D D M M Y Y Y Y M Y Y Y
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Residency: Residency: Residency: Residency: Residency: Residency: Residency: Residency: Remarks (Insert residency) A. DECLARATION The rules and regulate been read by me/us are inorce from timbest of my/our known information given be	esident Non-lesident Non-leside	Resident Nationality: D D M M Y Y Y Y document i.e. Specific POA epository and CDBL Partici e understood the same an uch accounts. I/we also ce the date of making such	pant pertaining to an a d I/we agree to abide leclare that the particul application. I/we furth fact will render my/our	e Of Birth D D M M Y Y Y Y M Y Y Y ccount which are in force now have by and to be bound by the rules as lars given by me/us are true to the er agree that any false/misleading
Residency: Residency: Residency: Residency: Residency: Residency: Residency: Residency: Remarks (Insert residency) A. DECLARATION The rules and regulate been read by me/us are inorce from time best of my/our known information given be further action.	esident Non-lesident Non-leside	Resident Nationality: D D M M Y Y Y Y document i.e. Specific POA epository and CDBL Partici e understood the same an uch accounts. I/we also co the date of making such pression of any material	pant pertaining to an a d I/we agree to abide leclare that the particul application. I/we furth fact will render my/our	ccount which are in force now have by and to be bound by the rules as lars given by me/us are true to the er agree that any false/misleading account liable for termination and
Residency: Residency: Residency: Residency: Residency: Residency: Residency: Residency: Remarks (Insert residence) 4. DECLARATION The rules and regulate been read by me/us are inorce from tindest of my/our known information given be further action. Applicants	esident Non-lesident Non-leside	Resident Nationality: D D M M Y Y Y Y document i.e. Specific POA epository and CDBL Partici e understood the same an uch accounts. I/we also co the date of making such pression of any material	pant pertaining to an a d I/we agree to abide leclare that the particul application. I/we furth fact will render my/our	ccount which are in force now have by and to be bound by the rules as lars given by me/us are true to the er agree that any false/misleading account liable for termination and

Electronic Credit and Debit Authorization

I,	, Client of GIFC, Code no. :
BOID 1 2 0 1 7 0 0 0	do hereby authorize Globe Investment & Fintech Co. Ltd.
to follow any instructions by word of m	nouth (verbal instruction), telephone, email, text SMS or any other similar rations.
1. Electronic Credit Authorization	
I authorize GSL for Electronic Credit bank account recorded in CDBL ag	t operation (Pull/Credit in the form of BEFTN/EFT/RTGS or similar) to my ainst my BO account.
2. Electronic Debit Authorization	Direct Debit Authorization & Mandate (DDA & DDM)
	t operation (Pull/Debit in the form of BEFTN/EFT/RTGS or similar) from O account at Globe Investment & Fintech Co. Ltd. given bellow.
Bank Account Details for Electronic De	ebit Authorization
Note: Please provide all information of bank account recorded in CDBL again	of the bank account as per cheque leaf. This can be different from the ist my BO account.
Name :	
Name of the Bank :	Branch Name :
Account No :	Routing No :
or not affected at all for reasons of incon	ulars given above are correct and complete. If the transaction is delayed applete or incorrect information, I would not hold Globe Investment & Fintech ges/fees for the Electronic Credit or Debit operation mentioned above.
2.9	
Date :	



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KYC Profile Form

(under FORM-II) (Filled by the Stock Broker)

Nam	account Number : 1 2 0 1	7 0		Customer Account Number :										
		BO Account Number: 1 2 0 1 7 0 0 0												
Оссі	Name of the Account Holder(s):													
1	Occupation (with Joint Account Holder's, if any):													
Nature of Business (If any):														
Describe in detailed as to whether the account holder (the individual/institution/company) is a director/sponsor of a listed company or he/it is a politically exposed person (PEP)/Influential Person/Member of Senior Management of an International Organization.														
Sour	Source of Fund :													
Appr	oximate amount of Daily/Monthly/	/Annual tr	ansacti	ons :										
Desc	ribe in detailed, how source of fu	nd was ve	erified :											
Deta	ils of Information/Documents of th	ne Accour	nt Holde	er(s) :										
	Photocopy Obtained													
CI	Nature of Documents		Num	ahor.				Applicable for						
SI.	Nature of Documents		Nun	nber				Applicable for						
SI.	Nature of Documents National ID		Nun	nber		Obtai	ined	Applicable for First Account Holder						
			Nun	nber		Obtai	ined							
1	National ID		Nun	nber		Obtai	ined	First Account Holder						
1 2	National ID National ID		Nun	nber		Obtai	ined	First Account Holder Second Account Holder						
1 2 3	National ID National ID Passport Visa/Residential Permit		Nun	nber		Obtai	ined	First Account Holder Second Account Holder Individual / NRB / Foreigner						

SI.	Nature of Documents	Number		Photocopy Obtained		Applicable for
JI.	Nature of Documents	i i i i i i i i i i i i i i i i i i i		Yes	No	принами по
7	Bank Account with supporting document					Individual / NRB / Foreigner
8	NID/Birth Certificate/Passport					Nominee 1
9	NID/Birth Certificate/Passport					Nominee 2
10	NID/Birth Certificate/Passport					Authorized Person
11	TIN Certificate					Account Holder
Comn	Signature of Account Opening Officer with date & Seal					e of Authorized Officer/ EO with date & Seal
	Dragged by				Ch	acked by
	Processed by				- Cno	ecked by
Sign	ature :		Signature	:		
Nam	ne:		Name :			
Desi	gnation :		Designati	ion :		



GLOBE INVESTMENT & FINTECH CO. LTD.

TREC NO. 189, Dhaka Stock Exchange PLC.

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226664816

226664817

226664818

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Natore Digital Booth

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