

CDBL Bye Laws  
Form 20

**BRB SECURITIES LIMITED**

Samabai Sadan (8th floor) 9/D, Motijheel Comercial Area, Dhaka-1000  
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 Registered Office: House # 10-B, Road # 6, Dhanmondi R/A, Dhaka-1205  
 Tel: 02-8620121-22, Fax : 880-2-8624020, E-mail: brbdo@dhaka.net  
 Member No. DSE-220  
 DHAKA STOCK EXCHANGE LTD. SEC Regn. No. 3.1/DSE-220/2006/113

**Power of Attorney (POA) Form**

Please complete all details in CAPITAL letters. Please fill all names correctly. All communication 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 

D	D	M	M	Y	Y

Name of CDBL Participant (Up to 99 Characters)	CDBL Participant ID																				
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Name of Account Holder (Insert full name starting with Title i.e. Mr./Mrs./Ms/Dr, abbreviate only if over 30 characters)																					
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<b>Power of Attorney Holder's Details</b>																					
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<b>1. Power of Attorney Holder's Contact Details :</b>	
Address	
City	Post Code
State / Division	
Country	Telephone
Mobile Phone	Fax
e-mail	

<b>2. Power of Attorney Holder's Passport Details :</b>	
Passport No.	Issue Place
Issue Date	Expiry Date

<b>3. Others Information</b>																									
Residency : Resident <input type="checkbox"/> Non Resident <input type="checkbox"/> Nationality..... Date Of Birth																									
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D	D	M	M	Y	Y																				
Remarks (Insert Reference to POA document i.e. Specific POA or General POA etc. _____ _____																									

#### 4. Photograph of Power of attorney Holder

	<div data-bbox="1117 382 1339 634" data-label="Image"><p>Recent Passport Size Photograph</p></div>
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(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 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 Applicants		
Second Applicant		
3rd signatory (Ltd. Co. Only)		