



AB & CO. LTD.

TREC # 043, Dhaka Stock Exchange Ltd. BSEC-REG # 3.1/DSE-43/2008/190
 Head Office : DSE Building, Room # 505 (4th floor), 9/F, Motijheel C/A, Dhaka-1000, Phone : 223350926
 Extension of Main Office (Nikunja) : Room # 224, Level-11, DSE Tower, Nikunja-2
 Road # 21, Plot # 46, Khilkhet, Dhaka, Mobile No : 01324722094.
 Baridhara Branch : 59/C, Park Road, Baridhara R/A, Dhaka-1212 Tel : 8411725
 Gazipur Branch : Fair Plaza (3rd Floor), Masjid Road, Joydebpur, Gazipur-1700, Phone : 49262689
 E-mail : abcdsebroker@gmail.com, fb : www.facebook.com/abcoltd.dse

CDBL Bye Laws

BO ACCOUNT NOMINATION FORM

Form-23

Please complete all details in CAPITAL letters. Please fill all names correctly. All communication shall be sent 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 99 Characters) 	AB & CO. LTD. TREC No 043	CDBL Participant ID <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 9 4 0 0 </div>
Account holder's BO ID. <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 2 0 1 9 4 0 0 </div>		
Name of Account Holder (Insert full name starting with Title i.e.Mr./ Mrs./Ms/ /Dr, abbreviate only if over 30 characters) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

I /We nominate 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

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.

Relationship with A/C Holder

Percentage (%)

Address.....

City Post Code State/ Division Country Telephone

National ID No.:

Mobile Phone E-mail

Passport No Issue Place Issue Date Expiry Date

Residency: Resident ☐ Non Resident ☐ Nationality Date of Birth (DDMMYYYY)

Guardian's Details (if Nominee is a Minor)

Name in Full.....

Short Name (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 Telephone

National ID No.:

Mobile Phone E-mail

Passport No Issue Place Issue Date Expiry Date

Residency : Resident ☐ Non Resident ☐ Nationality Date of Birth (DDMMYYYY)

Name in Full

Title i.e. Mr. /Mrs.

[illegible]

Percentage (%)

City Post Code State / Division Country Telephone

Mobile Phone E-mail

Passport No Issue Place Issue Date Expiry Date

Residency: Resident ☐ Non Resident ☐ Nationality Date of Birth (DDMMYYYY)

Name in Full

[illegible]

Relationship with Nominee Date of Birth of Minor (DDMMYYYY) Maturity Date of Minor (DDMMYYYY)

Address.....

City Post Code State / Division Country Telephone

National ID No.:

Mobile Phone E-mail

Passport No Issue Place Issue Date Expiry Date

Residency :	<input type="checkbox"/> Resident	<input type="checkbox"/> Non Resident	Nationality	Date of Birth (DDMMYYYY)						
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Please paste recent passport size Photograph	Please paste recent passport size Photograph	Please paste recent passport size Photograph	Please paste recent passport size Photograph
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Guardian 2

	Name	Signature
Nominee / Heir 1		
Guardian 1		
Nominee / Heir 2		
Guardian 2		
First Account Holder		
Second Account Holder		
Third Account Holder		