Parkway Securities Ltd. TREC Holder of Dhaka Stock Exchange Ltd. DSE TREC No. 194, DP of CDBL BSEC Reg. No. 3.1/DSE-194/2008/196	Room No. 901 (8 th Floor), 9/E, Motijheel C/A, Dhaka-1000 Tel: +88 02 2233 56178, +88 02 2233 56231 Fax: +88 02 2233 89917 E-mail: info@parkwaysecurities.com Web: www.parkwaysecurities.com							
FORM-II [See Rule 5(2)(e)] Parkway Securities Limited Address, phone, fax, e-mail, web address, TREC and registration number: As stated above.	Photograph of Customer (1 st Applicant) with attestation of the Introducer Photograph of Customer (2 nd Applicant) with attestation of the Introducer							
Customer Ac (For Individual Cust	Photograph 1 st Applicant Photograph of 2 nd Applicant ccount Opening Form							
Customer Account No.	Date: D D M M Y Y Y							
	ed by the Applicant]							
Please complete	all details in CAPITAL letters.							
BO Account No. 1 2 0 1 5 2 0 0	Account Type: Cash Margin							
1. Applicant's Information:								
specify Name of the First Applicant: Profession: Father's Name: Mother's Name: Spouse's Name: Present/Contact Address: Permanent Address: Date of Birth: Sex: Male / National ID/Passport/Birth Certificate/Driving License No. Phone No. Whether the applicant is Officer or Sponsor/Director Company/Listed Company? Yes No If yes, please mention the name & address of the Brok Company/ with designation of the said officer or sponsor or or Second Applicant: Citizenship status (Please tick mark): Resident Bangla specify Name of the Second Applicant: Profession: Father's Name: Mother's Name: Spouse's Name: Present/Contact Address:	Female Nationality: eTIN: Email: of any Broker/Dealer/Exchange/Depository/Clearing & Settlement er/Dealer/Exchange/Depository/Clearing & Settlement Company/Listed director: adeshi / Non-Resident Bangladeshi / Foreigner / Other (Please							
Date of Birth: Sex: Male /	Female Nationality:							
Phone No	er. Email: of any Broker/Dealer/Exchange/Depository/Clearing & Settlement er/Dealer/Exchange/Depository/Clearing & Settlement Company/Listed director:							

2. Nominee Details:										
Particulars		Nominee-1	Nominee-2							
Name										
Profession										
Father's Name										
Mother's Name					Photograph(s) of Nominee(s) with					
Mother's Name					attestation of the					
Permanent Address					Customers (Applicants).					
Mobile Number										
Email Address										
NID/Birth Certificate/Passport No. Relationship with Applicants										
Percentage (%) of Nomination										
3. Authorized Person Detai	ls (if any)									
Name										
Father's Name										
Mother's Name					Dhotograph of					
Present/Contact Address					Photograph of Authorized Person with					
Permanent Address					attestation of the Customers (Applicants)					
Contact Number	Phone:		Mobile:							
Email Address			•							
NID/Birth Certificate/Passport No.										
4. Source of Fund details:										
5. Bank Account Details:										
Account No.										
Bank Name:										
Branch Name:			Rc	outing No.						
6. Introducer Details:										
Name										
Customer Account No.					Signature of the Introducer					
Mobile Number					with date					
7. Account Operating Instru	uction:									
	ntly operate	ed 🔄 Either or Su	urvivor 🗌 Others (Specify)					
8. Have any other Customer A	ccount (Si	ngle/Joint) with any	Stock-Broker(s)?	Yes	No. If yes, give details:					
Customer Account No		<u> </u>	count No.		Name of Broker					
				•						
Cignoture of the		upoturo of the		omines 1	Signature of the Authorized					
Signature of the First Applicant with date		nature of the Applicant with date	Signature of the □N Nominee-2 with							
Processed by:		Chec	ked by:		Approved by:					
Signature :		0		Signatu	re :					
Name :				Name	:					
Designation : Date :				Designa	tion :					

Parkway	Room No. 901 (8 th Floor), 9/E, Motijheel C/A, Dhaka-1000 Tel: +88 02 2233 56178, +88 02 2233 56231
TREC Holder of Dhaka Stock Exchange Ltd.	Fax: +88 02 2233 89917 E-mail: info@parkwaysecurities.com
TREC No. 194, DP of CDBL, DP Reg. No. CDBL-DP-16	Web: www.parkwaysecurities.com
BSEC Reg. No. 3.1/DSE-194/2008/196	Farm 00
CDBL Bye Laws BO Account (Form 02 Opening Form
	s 7.3.3 (b)
Please complete all details in CAPITAL letters. Please fill all na Named Account Holder's correspondence address.	mes correctly. All communication shall be sent only to the First
Application No.	Date (DDMMYYY):
Please Tick whichever is applicable:	
BO category: Regular Omnibus Clearing	BO Type: Individual Company Joint Holder
Name of CDBL Participant (Up to 99 Characters): Parkway Secur	rities Limited
CDBL Participant ID BO ID 1 5 2 0 0 1 2 0 1 5 2 0 0	Account opened (DDMMYYY)
I/we do hereby request you to open a Depository Account in r	ny/our name as per the following details:
1. First Applicant	
Name in Full of Account Holder (Up to 99 Characters)	
Name of the 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 Company/Firm/Statutory Body) Name of the Contact	t Person:
	n (30 Characters)
Mother's Name:	
2. Contact Details	
Address:	
Address: City Post Code: State/Division:	
Address:	
Address: City Post Code: State/Division:	
Address:	Telephone:
Address: City City Post Code: Mobile Phone: Fax: 3. Passport Details	Telephone:
Address: Post Code: State/Division: City Post Code: Fax: Mobile Phone: Fax: Fax: 3. Passport Details Passport No. Issue Place: 4. Bank Details Fax: Fax:	Telephone:
Address: Post Code: State/Division: Mobile Phone: Fax: 3. Passport Details Passport No. Passport No. Issue Place: 4. Bank Details Base Routing No. Base	. Issue Date:
Address: Post Code: State/Division: City Post Code: Fax: Mobile Phone: Fax: Fax: 3. Passport Details Passport No. Issue Place: 4. Bank Details Routing No. Bank Name: Bank Identifier Code (BIC)	Country:
Address: Post Code: State/Division: City Fax: Fax: Mobile Phone: Fax: Fax: 3. Passport Details Fax: Fax: Passport No. Issue Place: Fax: 4. Bank Details Fax: Fax: Bank Name: Bank Name: Fax:	Country:
Address: Post Code: State/Division: City Post Code: Fax: Mobile Phone: Fax: Fax: 3. Passport Details Passport No. Issue Place: 4. Bank Details Routing No. Bank Name: Bank Identifier Code (BIC)	Country:
Address: Post Code: State/Division: City Post Code: Fax: Mobile Phone: Fax: Fax: 3. Passport Details Passport No. Issue Place: 4. Bank Details Routing No. Bank Name: Bank Name: Bank Identifier Code (BIC) St Electronic Dividend Credit: Yes No Tax Exemption, if	Country:
Address: Post Code: State/Division: City Post Code: Fax: Mobile Phone: Fax: Fax: 3. Passport Details Passport No. Issue Place: 4. Bank Details Routing No. Bank Name: Bank Name: Bi Bank Identifier Code (BIC) St Electronic Dividend Credit: Yes No Tax Exemption, if 5. Others Information Residency: Resident [] Non-Resident [] Nationality Nationality	Country:
Address: Post Code: State/Division: City Post Code: Fax: Mobile Phone: Fax: Fax: 3. Passport Details Passport No. Issue Place: 4. Bank Details Routing No. Bank Name: Bank Name: Bi Bank Identifier Code (BIC) St Electronic Dividend Credit: Yes No Tax Exemption, if 5. Others Information Residency: Resident [] Non-Resident [] Nationality Nationality	Country:
Address: Post Code: State/Division: City Fax: Fax: Mobile Phone: Fax: Fax: 3. Passport Details Fax: Fax: Passport No. Issue Place: Fax: 4. Bank Details Bank Name: Bank Name: Bank Bank Name: Bank Identifier Code (BIC) St Electronic Dividend Credit: Yes No Tax Exemption, if 5. Others Information Residency: Resident Non-Resident Nationality Non-Resident Nationality National ID: Image: Image: Image: Image: Image: Image:	Country:
Address: Post Code: State/Division: Mobile Phone: Fax: 3. Passport Details Passport No. Passport No. Issue Place: 4. Bank Details Bank Name: Bank Name: Bi Bank Identifier Code (BIC) St Electronic Dividend Credit: Yes No Tax Exemption, if 5. Others Information Residency: Residency: Resident Non-Resident Nationality Statement Cycle Code: Daily Weekly Fortnightly Internal Ref. No. (To be filled in by CDBL Participant) Metails Metails	Country:
Address: Post Code: State/Division: Mobile Phone: Fax: 3. Passport Details Passport No. Passport No. Issue Place: 4. Bank Details Bank Name: Bank Name: Bit Bank Identifier Code (BIC) St Electronic Dividend Credit: Yes No Tax Exemption, if 5. Others Information Residency: Residency: Resident Non-Resident Nationality National ID: In case of Company: Registration No.	Country:
Address: Post Code: State/Division: Mobile Phone: Fax: 3. Passport Details Passport No. Passport No. Issue Place: 4. Bank Details Bank Name: Bank Name: Bank Bank Identifier Code (BIC) State: Statement Code (Code: Non-Resident National ID: Non-Resident In case of Company: Registration No. 6. Joint Applicant (Second Account Holder)	Country:
Address: Post Code: State/Division: Mobile Phone: Fax: 3. Passport Details Passport No. Passport No. Issue Place: 4. Bank Details Bank Name: Bank Name: Bit Bank Identifier Code (BIC) St Electronic Dividend Credit: Yes No Tax Exemption, if 5. Others Information Residency: Residency: Resident Non-Resident Nationality National ID: In case of Company: Registration No.	Country:

CDBL E	sye Laws
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7. Account Link Request

Would you like to create a link to your existing Depository Account? Yes	No]		
If yes, then please provide the Depository BO Account Code (8 Digits):				

8. Nominees/Heirs

If account holder(s) wish to nominate person(s) who will be entitled to receive securities outstanding in the account in the event of the death of the sole account holder/all the joint account holders, as separate nomination Form-23 must be filled up and signed by all account holders and the nominees giving names of nominees, relationship with first account holder, percentage distribution and contact details. If any nominee is a minor, guardian's name, address, relationship with nominee has to be provided.

9. Power of Attorney (POA)

If account holder(s) wish to give a Power of Attorney (POA) to someone to operate the account, a separate Form-20 must be filled up and signed by all account holders giving the name, contact details etc. of the POA holder and a POA document lodged with the form.

10. To be filled in by the Stock Broker/St	tock Exchange in case the application	is for opening a Clearing Account
Exchange Name: DSE Trading ID	CSE 🔲 T	Trading ID
11. Photograph		
Please affix recent passport size photograph of 1 st Applicant or Authorized Signatory in case of Limited Co. only. <i>(Never use glue)</i>	Please affix recent passport size photograph of 2 nd Applicant or Authorized Signatory in case of Limited Co. only. <i>(Never use glue)</i>	Please affix recent passport size photograph of Authorized Signatory in case of Limited Co. only. <i>(Never use glue)</i>
1 st Applicant or Authorized Signatory in case of Limited Co.	2 nd Applicant or Authorized Signatory in case of Limited Co.	Authorized Signatory in case of Limited Co. only

12. Standing Instructions

I/we do hereby authorize you to receive facsimile (fax) transfer instruction for delivery. Yes D No

13. 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 Limited Co. Signature with date
First Applicant	
Second Applicant	
3 rd Signatory (Limited Co. only)	
14. Special instructio	n on operation of Joint Account
Either or Survivor	Any one can operate Any two will operate jointly
Account will be ope	rated by with any one of others.
15. Introduction	
Introduced by an existing	account holder ofParkway Securities Limited Depository Participant's Name
I confirm the identity, occu	upation and address of the applicant(s) Introducer's Name
(Signatu	BO ID: 1 2 0 1 5 2 0 0

"শেয়ারবাজারে বিনিয়োগ ঝুঁকিপূর্ণ, জেনে ও বুঝে বিনিয়োগ করুন।"

Central Depository Bangladesh Limited (CDBL) Depository Account (BO Account) opened with CDBL Participant Terms & Conditions-Bye Laws 7.3.3(c)

CDBL Participant, Dhaka, Bangladesh

Dear Sir,

Please open a Depository account (BO Account) in my/our name(s) on the terms and conditions set out bellow. In consideration of **Parkway Securities Limited** ("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.
- 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 I/we instruct 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 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.
- 6. 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 authorized remains a minor at the time of my/our death; the legal guardian is authorized to receive/draw the securities held in my/our account;
 - c) The nominee so authorized, 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 Participants(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:
 - 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 honor 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 at any mistake, 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 endeavor 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 Bangladesh 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 do 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	Name of Applicants/Authorized signatories in case of Limited Co.	Signature with date
First Applicant		
Second Applicant		
3 rd Signatory (Limited Co. only)		



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 to the correspondence address of the First Named Account Holder as specified in the BO Account Opening Form-02.

Date (DDMMYYY): Application No. Name of CDBL Participant (Up to 99 Characters) **DP** Participant IDParkway Securities Limited 1 5 2 0 0 Account Holder's BO ID: 1 2 0 1 5 2 0 0 Name of the Account Holder (Insert full name starting with Title i.e. Mr./Mrs./Ms/Dr., abbreviate only if over 30 characters)

I/we do hereby nominate the following person(s) who is/are entitled to receive securities outstanding in my/our account in the event 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:	-
Mobile Phone: Email:	•
Passport No Expiry Date: Issue Place:	
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 (DD/MM/YY):	
Address	
City: Post Code: State/Division: Country: Telephone:	
Mobile Phone: Email:	
Passport No Expiry Date: Issue Place:	•
Residency: Resident Non Resident Nationality Date of Birth (DDMMYYYY)]

"শেয়ারবাজারে বিনিয়োগ ঝুঁকিপূর্ণ, জেনে ও বুঝে বিনিয়োগ করুন।"

Nominee 2																											
Name in Full																											
Short Name of Nominee (Ins																					••••				/r./M		
Relationship with A/C Ho	lder:													F	Perc	cer	ntag	ge (%):								
Address																											
City: Post																											
Mobile Phone:												-															
Passport No		Issu	e Plac	e:				. Iss	ue D	ate:							E	xp	ry D	Date	e:						
Residency: Resident	Non F	Reside	ent 🗌	Nat	tional	ity					. Da	ate of	f Bi	rth ('DDI	им	YYY	Y)									
Guardian's Details (if N	ominee	is a M	inor)																								
Name in Full																											
Short Name (Insert full name																		••••			••••	••••					••••
	starting				5./11/5/1	л., ар		late		0.00	1 30																
Relationship with Nomine	ee:		Dat	e of E	Birth o	of Mir	nor	(DD/	MM/Y	Y): .				N	/lat	urit	tv D	Date	e of	Mir	- nor	(D	D/M	M/	(Y):		
Address																	-										
City: Po																											
Mobile Phone:												-															
Passport No																											
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2. Photograph of Nor	minees	Hoirs	•																								
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Please affix recent passpo	ort size	PI	lease a'	ffix re	cent p	asspo	ort		Ple	ease	affi	x rec	cen	t pas	ssp	ort			PI	eas	e af	ffix	rece	ent	pas	sport	:
photograph of Nomine (Never use glue)		siz	e photo	graph	n of No se glu	omine	e 2		size	pho (/	togi Vev	raph <i>er us</i>	of se g	Gua g <i>lue)</i>	rdia)	an 1	l			e ph		gra	ph o	of G	Suar	dian	
					9	- /																		0			
Nominee/Heir 1			Nor	nine	e/Hei	r 2				(Gua	ardi	an	1							G	ua	rdia	an :	2		
Applicants			Nam	e of	the A	Appli	can	ts/N	omiı	nees	s/G	uaro	dia	n						;	Sig	na	ture	e w	vith	date	e
Nominee/Heir 1																											
Guardian 1																											
Nominee/Heir 2																											
Guardian 2																											
First Account Holder																											

	Parkway Securities Ltd.
TREC	Holder of Dhaka Stock Exchange Ltd.
TREC	No. 194, DP of CDBL, DP Reg. No. CDBL-DP-16
BSEC	Reg. No. 3.1/DSE-194/2008/196

CDBL Bye Laws

Form 20

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 the First Named Account Holder as specified in BO Account Opening Form-02.

Application No.

Date (DDMMYYY):

Name of CDBL Participant (Up to 99 Characters) CDBL Participant ID
Account Holder's BO ID: 1 2 0 1 5 2 0 0
Name of Account Holder (Insert full name starting with Title i.e. Mr./Mrs./Ms/Dr., abbreviate only if over 30 characters)
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.
1. Power of Attorney Holder's Contact Details
Address:
City
Mobile Phone:
2. Power of Attorney Holder's Passport Details
Passport No Expiry Date:
3. Other Information of Power of Attorney Holder
Residency: Resident Non Resident Nationality Date of Birth (DDMMYYYY)
Power of Attorney effective from:
Remarks (insert reference to POA documents i.e. Specific POA or General POA etc.):

4. Photograph of Power of Attorney Holder Please affix recent passport size photograph of Power of Attorney (Never use glue) Please affix recent passport size photograph of Power of Attorney for the second secon

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 Limited Co.	Signature with date
POA Holder		
First Applicant		
Second Applicant		
3 rd Signatory (Limited Co. only)		



TREC Holder of Dhaka Stock Exchange Ltd. TREC No. 194, DP of CDBL, DP Reg. No. CDBL-DP-16 BSEC Reg. No. 3.1/DSE-194/2008/196

KYC PROFILE FORM

				(Fil	le			ne S		M-II :k-E		er)															
1. N	ame c	of the Account Holder(s) :																								Π	
2. B	O Acc	count Number :																								-	
3. C	ustom	ner Account Number :]							•													
	ccupa /ith Joi	ation : int Account Holder's, if any)																									
-		of MD/CEO : of Company or Instituiion or Firm)				•••••																					
-		of Business : of Company or Instituiion or Firm)																									
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12. Comments (if any)

:

Signature of the Account Opening Officer with date & Seal Signature of the Authorized Officer/MD/CEO with date & Seal

When was the information related to the Account last reviewed and updated? If any, details with comments:

Signature of the Officer performing review and update, with date & Seal



CDBL Bye Laws

TREC Holder of Dhaka Stock Exchange Ltd. TREC No. 194, DP of CDBL, DP Reg. No. CDBL-DP-16 BSEC Reg. No. 3.1/DSE-194/2008/196 Room No. 901 (8th Floor), 9/E, Motijheel C/A, Dhaka-1000 Tel: +88 02 223385663, +88 02 223365178 Fax: +88 02 22338917 E-mail: info@parkwaysecurities.com Web: www.parkwaysecurities.com

Form 21

Pay In Transfer Form

Please complete all details in CAPITAL letters. Please fill all names correctly. All communication shall be sent only to the First Named Account Holder's correspondence address.

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1 5 2 0 0 *Broker Name: Parkway Securities Limited

The pay In Quantity has successfully been transferred to the Broker's Clearing A/C

Name of the CDBL Participant Parkway Securities Limited

*DP ID:

DP Signature
Setup Date (DD/MM/YYYY):

* These fields should be checked and matched with the system-generated information.

Parkway Securities Ltd.

TREC Holder of Dhaka Stock Exchange Ltd. TREC No. 194, DP of CDBL, DP Reg. No. CDBL-DP-16 BSEC Reg. No. 3.1/DSE-194/2008/196 Room No. 901 (8th Floor), 9/E, Motijheel C/A, Dhaka-1000 Tel: +88 02 223385663, +88 02 223365178 Fax: +88 02 223389917 E-mail: info@parkwaysecurities.com Web: www.parkwaysecurities.com

CLIENT ORDER SLIP

Please complete all details in CAPITAL letters. Please fill all names correctly. All communication shall be sent only to the First Named Account Holder's correspondence address.

Date (DDMMYYYY):

Name of the Customer:

Customer Code												
BO ID	1	2	0	1	5	2	0	0				

Dear Sir/Madam,

Please execute the order(s) against following securities/shares on behalf of me/us:

	Or	der		Price					
Name of the Instrument(s)	Buy=B	Sale=S	Quantity	MP	Limit				
	виу=в	Sale=S		IVIF	Max	Min			

Sincerely yours,

Signature of Client/POA

For Parkway Securities Ltd.