

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 (1st Applicant)
with attestation of
the Introducer

Photograph of
Customer (2nd Applicant)
with attestation of
the Introducer

Photograph 1st Applicant

Photograph of 2nd Applicant

Customer Account Opening Form
(For Individual Customer/Applicant: Joint Account)

Customer Account No.

Date:

D D M M Y Y Y Y

[To be filled 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:
First Applicant:
Citizenship status (Please tick mark): ☐ Resident Bangladeshi / ☐ Non-Resident Bangladeshi / ☐ Foreigner / ☐ Other (Please 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 / ☐ Female Nationality:

National ID/Passport/Birth Certificate/Driving License No. eTIN:

Phone No. Mobile: Email:

Whether the applicant is 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:

Second Applicant:
Citizenship status (Please tick mark): ☐ Resident Bangladeshi / ☐ Non-Resident Bangladeshi / ☐ Foreigner / ☐ Other (Please specify.....)

Name of the Second Applicant:

Profession:

Father's Name:

Mother's Name:

Spouse's Name:

Present/Contact Address:

Permanent Address:

Date of Birth: Sex: ☐ Male / ☐ Female Nationality:

National ID/Passport/Birth Certificate/Driving License Number:

Phone No. Mobile: Email:

Whether the applicant is 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:

2. Nominee Details:			
Particulars	Nominee-1	Nominee-2	Photograph(s) of Nominee(s) with attestation of the Customers (Applicants).
Name			
Profession			
Father's Name			
Mother's Name			
Permanent Address			
Mobile Number			
Email Address			
NID/Birth Certificate/Passport No.			
Relationship with Applicants			
Percentage (%) of Nomination			

3. Authorized Person Details (if any):		
Name		
Father's Name		
Mother's Name		
Present/Contact Address		
Permanent Address		
Contact Number	Phone:	Mobile:
Email Address		
NID/Birth Certificate/Passport No.		

4. Source of Fund details:	

5. Bank Account Details:	
Account No.	<input type="text"/>
Bank Name:
Branch Name: Routing No. <input type="text"/>

6. Introducer Details:	
Name	
Customer Account No.	
Mobile Number	

7. Account Operating Instruction:	
<input type="checkbox"/> Singly operated <input type="checkbox"/> Jointly operated <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Others (Specify.....)	

8. Have any other Customer Account (Single/Joint) with any Stock-Broker(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, give details:		
Customer Account No.	BO Account No.	Name of Broker

Signature of the First Applicant with date	Signature of the Second Applicant with date	Signature of the <input type="checkbox"/> Nominee-1/ <input type="checkbox"/> Nominee-2 with date	Signature of the Authorized Person (if any) with date
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Processed by:	Checked by:	Approved by:
Signature :	Signature :	Signature :
Name :	Name :	Name :
Designation :	Designation :	Designation :
Date :	Date :	Date :

“শেয়ারবাজারে বিনিয়োগ ঝুঁকিপূর্ণ, জেনে ও বুঝে বিনিয়োগ করুন।”

CDBL Bye Laws
Form 02

BO Account Opening Form

Bye Laws 7.3.3 (b)

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.

Application No.

Date (DDMMYYYY):

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 Securities Limited**

CDBL Participant ID	BO ID		Account opened (DDMMYYYY)
1 5 2 0 0	1	2 0 1 5 2 0 0	

I/we do hereby request you to open a Depository Account in my/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 Person:

In case of Individual: Male ☐ Female ☐ Occupation (30 Characters)

Father's/Husband's Name:

Mother's Name:

2. Contact Details

Address:

City Post Code: State/Division: Country: Telephone:

Mobile Phone: Fax: Email:

3. Passport Details

Passport No. Issue Place: Issue Date: Expiry Date:

4. Bank Details

Routing No. Bank Account No.

Bank Name: Branch Name District Name

Bank Identifier Code (BIC) SWIT Code Intl. Bank A/C No. (IBAN)

Electronic Dividend Credit: Yes ☐ No ☐ Tax Exemption, if any: Yes ☐ No ☐ TIN/Tax ID

5. Others Information

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

Statement Cycle Code: Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Other (Please specify)

Internal Ref. No. (To be filled in by CDBL Participant)

National ID:

In case of Company: Date of Registration (DD/MM/YYYY)

Registration No.

6. Joint Applicant (Second Account Holder)

Name in Full (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.

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):

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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/Stock Exchange in case the application is for opening a Clearing Account

Exchange Name: DSE ☐ Trading ID CSE ☐ Trading ID

11. Photograph

<p>Please affix recent passport size photograph of 1st Applicant or Authorized Signatory in case of Limited Co. only. (Never use glue)</p>	<p>Please affix recent passport size photograph of 2nd Applicant or Authorized Signatory in case of Limited Co. only. (Never use glue)</p>	<p>Please affix recent passport size photograph of Authorized Signatory in case of Limited Co. only. (Never use glue)</p>
<p>1st Applicant or Authorized Signatory in case of Limited Co.</p>	<p>2nd Applicant or Authorized Signatory in case of Limited Co.</p>	<p>Authorized Signatory in case of Limited Co. only</p>

12. Standing Instructions

I/we do hereby authorize you to receive facsimile (fax) transfer instruction for delivery. Yes ☐ 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 instruction on operation of Joint Account

- ☐ Either or Survivor
 ☐ Any one can operate
 ☐ Any two will operate jointly
☐ Account will be operated by with any one of others.

15. Introduction

Introduced by an existing account holder of **Parkway Securities Limited**
 Depository Participant's Name

I confirm the identity, occupation and address of the applicant(s)
 Introducer's Name

..... BO ID:

1	2	0	1	5	2	0	0								
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(Signature of Introducer)

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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 below. 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 below:

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 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;

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- (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 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)		

BO Account Nomination 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 the BO Account Opening Form-02.

Application No.

Date (DDMMYYYY):

Name of CDBL Participant (Up to 99 Characters) DP Participant ID

.....**Parkway Securities Limited**.....

1	5	2	0	0
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Account Holder's BO ID:

1

2	0	1	5	2	0	0
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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

[illegible]

Relationship with A/C Holder: Percentage (%):

Address

City: Post Code: State/Division: Country: Telephone:

Mobile Phone: Fax: Email:

Passport No. Issue Place: Issue Date: Expiry Date:

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

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Guardian's Details (if Nominee is a Minor)

Name in Full

[illegible]

Relationship with Nominee: Date of Birth of Minor (DD/MM/YY): Maturity Date of Minor (DD/MM/YY):

Address

City: Post Code: State/Division: Country: Telephone:

Mobile Phone: Fax: Email:

Passport No. Issue Place: Issue Date: Expiry Date:

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

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Nominee 2

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:

Mobile Phone: Fax: Email:

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 (DD/MM/YY): Maturity Date of Minor (DD/MM/YY):

Address

City: Post Code: State/Division: Country: Telephone:

Mobile Phone: Fax: Email:

Passport No. Issue Place: Issue Date: Expiry Date:

Residency: Resident ☐ Non Resident ☐ Nationality Date of Birth (DDMMYYYY)**2. Photograph of Nominees/Heirs**Please affix recent passport size
photograph of Nominee 1
(Never use glue)Please affix recent passport size
photograph of Nominee 2
(Never use glue)Please affix recent passport
size photograph of Guardian 1
(Never use glue)Please affix recent passport
size photograph of Guardian 2
(Never use glue)

Nominee/Heir 1

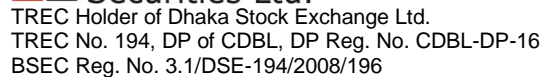
Nominee/Heir 2

Guardian 1

Guardian 2

Applicants	Name of the Applicants/Nominees/Guardian	Signature with date
Nominee/Heir 1		
Guardian 1		
Nominee/Heir 2		
Guardian 2		
First Account Holder		
Second Account Holder		

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Web: www.parkwaysecurities.com

Form 20

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.

Date (DDMMYY):

3. Other Information of Power of Attorney Holder											
Residency:	Resident <input type="checkbox"/>	Non Resident <input type="checkbox"/>	Nationality	Date of Birth (DDMMYYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Power of Attorney effective from:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	D	D	M	M	Y	Y	Y	Y	Y	Y	Y
	D	D	M	M	Y	Y	Y	Y	Y	Y	Y
Remarks (insert reference to POA documents i.e. Specific POA or General POA etc.):											

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4. Photograph of Power of Attorney Holder

Please affix recent passport size
photograph of Power of Attorney
(Never use glue)

**Photograph of
Power of Attorney 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 Limited Co.	Signature with date
POA Holder		
First Applicant		
Second Applicant		
3 rd Signatory (Limited Co. only)		

KYC PROFILE FORM

(Under FORM-II)

(Filled by the Stock-Broker)

1. Name of the Account Holder(s) :
2. BO Account Number :
3. Customer Account Number :
4. Occupation :
(With Joint Account Holder's, if any)
5. Name of MD/CEO :
(Incase of Company or Institution or Firm)
6. Nature of Business :
(Incase of Company or Institution or Firm)
7. Describe in detail 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:
:
8. Source of fund :
9. Approximate amount of Daily/Monthly/Annual transactions :
10. Describe in detail, how source of fund was verified :
11. Details of Information/Documents of the Account Holder:

Sl.	Nature of Documents	Number	Photocopy Obtained		Applicable for
			Yes	No	
1	National ID	1 st Applicant: 2 nd Applicant:			Individual (if any)
2	Passport	1 st Applicant: 2 nd Applicant:			Individual (if any) or NRB or NR or Foreigner
3	Visa/Residential Permit and Work Permit				NRB or NR or Foreigner
4	Birth Certificate				Individual (if any)
5	Driving License				Individual (if any)
6	Bank Account with supporting document				Individual or NRB or NR or Foreigner
7	NID/Birth Certificate/Passport				Nominee
8	NID/Birth Certificate/Passport				Authorized Person
9	Registration Certificate				Firm/Company/Institution
10	Date of Incorporation				Firm/Company/Institution
11	Memorandum of Association				Company/Institution
12	Articles of Association				Company/Institution
13	Trade License				Firm/Company/Institution
14	TIN	1 st Applicant: 2 nd Applicant:			Firm/Company/Institution
15	VaT Registration				Firm/Company/Institution
16	Particular of Directors				Company/Institution

12. Comments (if any) :

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

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