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 223356178 Fax: +88 02 223389917

E-mail: info@parkwaysecurities.com Web: www.parkwaysecurities.com

CDBL Bye Laws 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.

	Date (DDMMYYYY):											
1. Transferor Details												
Exchange ID: 1	0 BO ID:	1 2 0	1	5 2 0 0								
*BO Name:												
	ISIN		Issuer Company	Pay in Quantity								
0.7												
2.Transferee Details												
Trading ID/Broker Co	de:	1 9	4	*Name of Broker: Parkway Sec	curities Limited							
	3.DECLARATION The rules and regulations of the Depository and CDBL Particulars pertaining to an account which are in force now											
have been read by me,	/us and I/we hav	ve understood	the sa	me and I/we agree to abide by a	and to be bound by the							
				we also declare that the particular transaction. I/we further agree th								
information given by m				act will render my/our account lia								
further action. Applicants	Name of Appl	icante/Authoria	nie ha	natories in case of Limited Co.	Signature with date							
First Applicant	Name of Appl	icarits/Autiforiz	eu sig	natories in case of Limited Co.	Signature with date							
Second Applicant												
3 rd Signatory												
(Limited Co. Only)												
POA Holder												
4. To be filled by the	DP											
*BO ID (Broker Clearing												
1 2 0 1	5 2 0 0	0 0	0 0	0 8 5 4 Int. Ref. No	Pay In Qty							
*DP ID: 1 5	*DP ID: 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 Par Parkway Securities Li	DP Signature											
* These fields should be ch		d with the eveten		1 1								



Signature of Client/POA

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For Parkway Securities Ltd.

CLIENT ORDER SLIP

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

only to the First Named A	ccour	nt Ho	lder'	s c	orres	ond	ence a	ddre	ss.			,. ,				00	20 0	
Date (DDMMYYYY):																		
Name of the Customer:																		
Customer Code																		
BO ID	1	2	()	1	5	2	0	0									
Dear Sir/Madam,																		
Please execute the ord	der(s) ag	ains	t fc	llowi	ing s	ecurit	ies/s	shares	s on	beha	alf o	f me	/us:				
			Order								Price							
Name of the Instrume	ent(s	5)	Buy=B	В	Sale:	=S	Quantity			ſ	MP							
															Limit	IVI		
				f		1						1						
Sincerely yours,				<u> </u>											1		1	
, , , ,																		