

Power of Attorney (POA) Form

Please complete all details in CAPITAL letters. **Please fill all names correctly.** All communications 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 (DDMMYYYY).....

Name of CDBL Participant (Up to 99 Characters)	CDBL Participant ID
Account holder's BO ID <input type="checkbox"/> <input type="checkbox"/>	
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 Holder (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.....	Post Code.....	State / Division	Country.....	Telephone.....
Mobile Phone.....	Fax.....	E-mail.....		

2. Power of Attorney Holder's Passport Details

Passport No.....	Issue Place.....	Issue Date.....	Expiry Date.....
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3. Others Information of Power of Attorney Holder

Residency: Resident <input type="checkbox"/> Non Resident <input type="checkbox"/>	Nationality.....	Date Of Birth (DDMMYYYY) <input style="width: 100px;" type="text"/>
Power of Attorney Effective From <input style="width: 100px;" type="text"/>	To <input style="width: 100px;" type="text"/>	
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Remarks (Insert reference to POA document i.e. Specific POA or General POA etc.):

4. Photograph of Power of Attorney Holder

	Please paste recent passport size Photograph
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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 Applicant		
Second Applicant		
3 rd Signatory (Ltd Co. only)		

Photo

Dated:

The Managing Director,
Globe Securities Ltd
NSC Tower (14th floor)
62/3, Purana Paltan,
Dhaka-1000

Subject: Nomination of Authorized Person to sell and buy of shares.

Dear Sir,

I, _____, client
code# _____ & related BOID _____ do hereby authorize
Mr. _____ to do all kinds of activities related to the said
account such as shares buy and sell, over telephonic order is also acceptable, cash or cheque deposit, cheque
receive besides me. I further assure that I will not have any objection in future at any activities executed by the
said person whose specimen signature and photo is attested below.

Therefore, you are requested to accept and do the needful at your end for smooth running of my business of
above mentioned account.

Signature of the account holder

Name:

Code:

BOID:

Attested by:

Signature of the nominated
Authorized person
Name: