

**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 <input type="text"/>
Account holder's BO ID <input type="checkbox"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Name of Account Holder ( Insert full name starting with Title i.e. Mr. / Mrs. / Ms / Dr, abbreviate only if over 30 characters) <input type="text"/>	

<b>Power of Attorney Holder's Details</b>	
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) <input type="text"/>	Title i.e. Mr/Mrs <input type="text"/>

**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 type="text"/>
Power of Attorney Effective From <input type="text"/>	To <input type="text"/>	
D D M M Y Y Y Y	D D M M Y Y Y Y	

Remarks (Insert reference to POA document i.e. Specific POA or General POA etc.): ..... .....
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**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 <sup>rd</sup> 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: