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 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.

Customer Account Opening Form

(For Company or Institutional Account)

Photograph of MD/CEO with attestation of the Introducer

Photograph of MD/CEO Customer Account No. Date: [To be filled by the Applicant] Please complete all details in CAPITAL letters. **BO** Account No. 2 0 0 Account Type: Cash Margin 1. Applicant's Information: Company/Institution Info: Incorporation status of the Company/Institution (Please tick mark): Bangladeshi/ Foreign/ Other (Please specify) Type of the Company/Institution: Private Ltd. / NGO / Other (Please specify......) Name of the Company/Institution: Registered Address: Incorporation Certificate No. Date: BIN No. (if any) VAT Registration Certificated No. **Details of Managing Director/CEO:** Name of the Managing Director/CEO: 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. Signatory (authorized) of Particulars						C:		O	/:£ -								
Name of the authorized		Signat	tory-	1		31	gnaı	tory-2	(IT a	iny)							
signatory																	
Designation																	
Present/Contact Address													Photo				
Permanent Address												ре	erson(s	thorize s)/sign	atory	(s)	
NID/Birth Certificate/Passport Number													with a	ttestat MD/C		f	
Phone Number																	
Mobile Number																	
Email Address																	
3. Source of Fund details:																	
4. Bank Account Details:																	
Account No.																	
Bank Name:																	
Branch Name:									Ro	uting N	о.						
5. Introducer Details:																	
Name																	
Customer Account No.																	-
Mobile Number												Sign	ature w	of the ith dat		duce	r
6. Account Operating Instru	iction:																
	tly operate	ed	Па	ny on	ne can	operate	· [Oth	ers	(Specif	y)
		,				-				` '							
7. Have any other Customer A		ingle/J	oint)					r(s)?		Yes [No		s, giv				
Customer Account No	-			ВО	Acco	ount No	٠.					Nan	ne of I	3roke	<u> </u>		
								······································									
Signature of MD/CEO With date & Seal						uthorize) with d					,		he Aut f any)				
		1															
Processed by:				(Jheck	ed by:						Ap	prove	d by:			
Signature :		Signa	ature	:						Signa	iture	:					
Name :		Nam	е	:						Name)	:					
Designation:		Desig	gnatio	: ۱۱ر :						Desig Date	ııatıol	: :					

Note: In case of other type of applicant [if the applicant is a director/sponsor of a listed company or the applicant is a politically exposed person (PEP) or an Influential Person (IP) or a Member of Senior Management of an International Organization] please use/fill-up Individual/Joint Applicant Form if the applicant is individual/joint person(s); but if the type of applicant(s) is a legal body corporate or institution, please use/fill-up the Company's or Institutional Application Form.



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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
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 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
3. Passport Details
Passport No. Issue Place: Expiry Date: Expiry Date:
4. Bank Details
Routing No. Bank Account No. District Name Bank Identifier Code (BIC) SWIT Code Intl. Bank A/C No. (IBAN) Iteration 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: 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.

С	DBL Bye Laws				Form 02							
7. Ac	count Link Requ	uest										
Woul	d you like to create a	a link to your existing	Depository Account? Yes \(\scale= \) No \(\scale= \)									
If yes	, then please provid	e the Depository BO	Account Code (8 Digits):									
8. No	ominees/Heirs											
the d	eath of the sole acc count holders and the	count holder/all the jo he nominees giving i	 s) who will be entitled to receive securit int account holders, as separate nomina names of nominees, relationship with firs rdian's name, address, relationship with 	ation Form-23 mus st account holder,	t be filled up and signed by percentage distribution and							
9. Pc	ower 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												
I/we of 13. C The r	Please affix recent passport size photograph of 1st Applicant or Authorized Signatory in case of Limited Co. only. (Never use glue) Please affix recent passport size photograph of 2nd Applicant or Authorized Signatory in case of Limited Co. only. (Never use glue) Please affix recent passport size photograph of 2nd Applicant or Authorized Signatory in case of Limited Co. only. (Never use glue) Authorized Signatory in case of Limited Co. only. (Never use glue) Authorized Signatory in case of Limited Co. only in case of Limited Co. only 1st Applicant or Authorized Signatory in case of Limited Co. 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 \[\begin{array}{c} \text{Please affix recent passport size photograph of Authorized Signatory in case of Limited Co. only. (Never use glue) Please affix recent passport size photograph of Authorized Signatory in case of Limited Co. only. (Never use glue) Please affix recent passport size photograph of Authorized Signatory in case of Limited Co. only. (Never use glue) No \[\begin{array}{c} \text{Applicant or Authorized Signatory in case of Limited Co. only.} \text{Applicant or Authorized Signatory in case of Limited Co. only.} \text{Applicant or Authorized Signatory in case of Limited Co.} \text{Applicant or Authorized Signatory in case of Limited Co.} \text{Applicant or Authorized Signatory in case of Limited Co.} \text{Applicant or Authorized Signatory in case of Limited Co.} \text{Applicant or Authorized Signatory in case of Limited Co.} \text{Applicant or Authorized Signatory in case of Limited Co.} \text{Applicant or Authorized Signatory in case of Limited Co.} \text{Applicant or Authorized Signatory in case of Limited Co.} \text{Applicant or Authorized Signatory in case of Limited Co.} \text{Applicant or Authorized Signatory in case of Limited Co.} Applicant or Authorize											
time f	or such accounts. I/ aking such application	we also declare that on. I/we further agree	e and I/we agree to abide by and to be be the particulars given by me/us are true to that any false/misleading information genation and further action.	o the best of my/ou	ir knowledge as on the date							
idot V	Applicants		ants/Authorized signatories in case o	of Limited Co.	Signature with date							
F	First Applicant											
Se	econd Applicant											
	3 rd Signatory imited Co. only)											
,	• • • • • • • • • • • • • • • • • • • •	on on operation of	Loint Account									
	Either or Survivor	Any one	can operate Any two will op		others.							
15. l	ntroduction											
Introd	luced by an existing	account holder of	Parkway Securities Limited Depository Participant's Name	1								
I conf	firm the identity, occ	upation and address	of the applicant(s)	Introducer's Name								
		ire of Introducer)	BO ID: 1 2 0 1 5	2 0 0								

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).

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)		



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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) ———————————————————————————————————
Account Holder's BO ID: 1 2 0 1 5 2 0 0
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:
Mobile Phone: Fax: Email:
2. Power of Attorney Holder's Passport Details
Passport No Issue Place: Issue Date: Expiry Date:
3. Other Information of Power of Attorney Holder
Residency: Resident Non Resident Nationality Date of Birth (DDMMYYYY) Power of Attorney effective from: D D D M M Y Y Y Y D D D M M Y Y Y Y D D D D
Remarks (insert reference to POA documents i.e. Specific POA or General POA etc.):

CDBL Bye Laws	Form 20
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)		



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

KYC PROFILE FORM

(Under FORM-II) (Filled by the Stock-Broker)

. Name	of the Account Holder(s) : [
. BO Ac	count Number :							L			L	L	L	Ι	1	L	L										
. Custo	mer Account Number : [
,	pation : . oint Account Holder's, if any) of MD/CEO : .																										
	of Company or Instituiion or Firm)																		• • • •								
	e of Business : . of Company or Instituiion or Firm)																										
	ibe in detail as to whether the acc it is a politically exposed person (P																										
	: .																										
Sourc	e of fund : .																										
. Appro	ximate amount of Monthly/Annual transactions : .																										
0. Desc	cribe in detail, source of fund was verified : .																										
1. Deta	ils of Information/Documents of the	e Ac	ccou	nt F	Hole	der:																					
SI.	Nature of Documents					N	lum	ber							toco						App	olic	able	e fo	r		
1	National ID		1 st Ap 2 nd Ap																		Indiv	/idu	al (if	any)		
2	Passport	,	1 st Ap 2 nd Ar	plica	nt:													ı	ndiv	/idua					or N	NR o	r
3	Visa/Residentail Permit and Work Permit	+	2 A	phica	ant:															NR	B or		or F		gner		
4	Birth Certificate																\top				Indiv						
5	Driving License																+				Indiv		_	_	_		
6	Bank Account with supporting document																\top	In	divi							eign	er
7	NID/Birth Certificate/Passport																\top						nine			- 5	
8	NID/Birth Certificate/Passport																\top			,	Auth	orize	ed P	erso	n		
9	Registration Certificate																			Firn	n/Co	mpa	ny/l	nstit	utior	1	
10	Date of Incorporation																\top				n/Co	_	_				
11	Memorandum of Association																				omp	•					
12	Articles of Assocation																T			C	omp	any	/Inst	titutio	on		
13	Trade License																			Firn	n/Co	mpa	ny/l	nstit	utior	1	
14	TIN		1 st Ap 2 nd Ap	plica	int:															Firn	n/Co	mpa	ny/l	nstit	utior	n .	
15	VaT Registration	+	2 A	phica	ant:										+		$^+$				n/Co	_	_				
16	Particular of Directors																+				omp	_	_			_	
	omments (if any) :	t Op Sea	oeni al	ng	ast	revi	ewe	ed a	and	upo	date	d?		Offic	igna er/M	1D/0	CEC	O wi	th	dat	e &	Se					
	Signature of the Officer preview and update, with d	erfo	ormi	ng																							

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

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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	3													
Exchange ID: 1 *BO Name:	0 BO ID:	1 2 0 1	5 2 0 0											
Bo Name.	IOIN		I 0	Dania Occasio										
	ISIN		Issuer Company	Pay in Quantity										
	 													
2 Transferos Details														
	2.Transferee Details													
Trading ID/Broker Code: 1 9 4 *Name of Broker: Parkway Securities Limited														
3.DECLARATION														
have been read by me rules as are in force from true to the best of my/o	/us and I/we have om time to time our knowledge as	ve understood the sa for such accounts. It is on the date of this	ticulars pertaining to an account ame and I/we agree to abide by a we also declare that the particula transaction. I/we further agree th act will render my/our account lia	and to be bound by the ars given by me/us are at any false/misleading										
Applicants	Name of Appl	icants/Authorized sig	natories in case of Limited Co.	Signature with date										
First Applicant														
Second Applicant														
3 rd Signatory (Limited Co. Only)														
POA Holder														
4. To be filled by the														
*BO ID (Broker Clearing 1 2 0 1	ng A/C) 5 2 0 0	0 0 0 0	0 8 5 4 Int. Ref. No	Pay In Qty										
*DP ID: 1 5	2 0 0	*Broker Name: Pa	rkway Securities Limited											
The pay In Quantity ha	s successfully be	een transferred to the	Broker's Clearing A/C.											
Name of the CDBL Par	ticipant		_	DP Signature										
Parkway Securities Li	•		Setup Date (DD/MM/YYYY):	•										
* These fields should be ch	necked and matched	d with the system-gener	ated information											



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Signature of Client/POA

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

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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 corresp	pondence address.				

only to the First Named A	Accour	nt Ho	lder'	s co	rresp	ond	lence a	ddre	name: ss.	s cor	recti	y. Ai	ii con	imun	icalic	n sna	iii be	sent
									Date (DDM	1MY	YYY,):					
Name of the Custom	er:																	
Customer Code																		
BO ID	1	2	()	1	5	2	0	0									
Dear Sir/Madam,																		
Please execute the or	der(s) aga	ains	t fo	llowi	ng s	securit	ies/:	share	s on	beh	alf o	f me	/us:				
Name of the Instrument(s) Order Quantity I imit																		
Name of the Instrument(s)				В	Buy=I	3	Sale:	=S	•		M	Р	N	<u>Li</u> /lax	mit N	/lin		
						1												
				-		1						-						
Sincerely yours,																		