

Date:

Managing Director
Parkway Securities Limited
Suite No. 901, 9/E, Motijheel C/A
Dhaka-1000

Subject: Request to change nominee of my/our BO account bearing BO ID:
..... (Customer Code:).

Dear Sir,

With reference to the above, I/we would like to inform you that I/we want to change my/our nominee of my/our above-mentioned BO account with you. In this respect, I/we do hereby request you to accept **Mr./Mrs.** as my/our nominee instead of old nominee (Mr./Mrs.) of my/our said BO account at your earliest convenience.

Your kind cooperation regarding this matter will be highly appreciated.

Thanking you,

Yours truly,

Name:
BO ID:
Customer Code:

Contact:
Address:
.....
Cell:

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			Photograph of Authorized Person with attestation of the Customers (Applicants)
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.	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>
Bank Name:
Branch Name:
Routing No.	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>

6. Introducer Details:		
Name	 Signature of the Introducer with date
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।”

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

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)

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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		

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