Date:
Managing Director Parkway Securities Limited Suite No. 901, 9/E, Motijheel C/A Dhaka-1000
<u>Subject:</u> Request to change nominee of my BO account bearing BO ID:
Dear Sir,
With reference to the above, I would like to inform you that I want to change my nominee of my above mentioned BO account with you. In this respect, I do hereby request you to accept Mr./Mrs
Your kind cooperation regarding this matter will be highly appreciated.
Thanking you,
Yours truly,
Name:
BO ID:
Customer Code:
Contact:
Address:
Cell:

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.

Photograph of Customer (Applicant) with attestation of the Introducer

Customer Account Opening Form (For Individual Customer/Applicant: Single Account)

			P	hotograph of Ap	plicant
Customer Account No.			Date: D D	MMY	YYY
	[To be filled by Please complete all det				
BO Account No. 1 2 0 1 5	2 0 0		Accour	nt Type: 🔲 Cas	h Marg
1. Applicant's Information:					
Citizenship status (Please tick mark):	Resident Bangladeshi	/ Non-Resident Ban	gladeshi / 🔲 Fo	oreigner / Otl	ner (Please
specify)				
Name of the Applicant/Customer:					
Profession:					
Father's Name:					
Mother's Name:					
Spouse's Name:					
Present/Contact Address:					
Permanent Address:					
Date of Birth:	Sex: Male / Fe	emale Nationality:			
National ID/Passport/Birth Certificate/Dr	ving License No		eTIN:		
Phone No	Mobile:	E	Email:		
Whether the applicant is Officer o Company/Listed Company?	r Sponsor/Director of a	ny Broker/Dealer/Exc	hange/Deposito	ry/Clearing &	Settlement
Yes No					
If yes, please mention the name & a Company/ with designation of the said of					

2. Nominee Details:					
Particulars		Nominee-1	Nominee-	-2	
Name					
Profession					
T Telegolori					
Father's Name					Photograph(s) of
Mother's Name					Nominee(s) with
					attestation of the
Permanent Address					Customer (Applicant).
Mobile Number					
Email Address					
NID/Birth Certificate/Passport No.					
Relationship with Applicant					
Percentage (%) of Nomination					
3. Authorized Person Detail	s (if any)	:			
Name					
Father's Name					
Mother's Name					Photograph of
Present/Contact Address					Authorized Person with attestation of the
Permanent Address			T		Customer (Applicant)
Contact Number	Phone:		Mobile:		
Email Address					
NID/Birth Certificate/Passport No.					
4. Source of Fund details:					
5. Bank Account Details:					
Account No.					
Bank Name:					
Branch Name:			F	Routing No.	
6. Introducer Details:					
Name					
Customer Account No.					
					Signature of the Introducer
Mobile Number					with date
7. Have any other Customer A	ccount (Si	ingle/Joint) with any \$	Stock-Broker(s)?	Yes 🗌	No. If yes, give details:
Customer Account No.		BO Acc	ount No.		Name of Broker
Signature of the First Applic	cant	Signature of the	Nominee-1/	;	Signature of the Authorized
with date	2 with date		Person (if any) with date		
Processed by:		Check	ked by:		Approved by:
Signature :		Signature :		Signatu	re :
Name :				Name	:
Designation:		Designation:		Designa	
Date :		Date :		Date	:



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

CDBL Bye Laws Form 23

BO Account Nomination Form

Please complete all details in CAPITAL letters. Please fill correspondence address of the First Named Account Holder as	all names correctly. All communication shall be sent to the specified in the BO Account Opening Form-02.
Application No	Date (DDMMYYY):
Name of CDBL Participant (Up to 99 Characters)Parkway Securities Lim	DP Participant ID 1 5 2 0 0
Account Holder's BO ID: 1 2 0 1 5 2 0 0	
Name of the Account Holder (Insert full name starting with Title i.e. Mr./Mr	s./Ms/Dr., abbreviate only if over 30 characters)
I/we do hereby nominate the following person(s) who is/are the event of the sole holder/all the joint holders.	entitled to receive securities outstanding in my/our account in
1. Nominee/Heirs Details	
Nominee 1	
Name in Full	
	The abbreviate subsite sure 20 absentes)
Short name of Nominee (Insert full name starting with Title i.e. Mr./Mrs./M:	s/Dr., abbreviate only if over 30 characters) Title i.e. Mr./Mrs.
Relationship with A/C Holder:	
Address	ς <i>,</i>
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., abbrev	
Orien value linser turname statung war rate i.e. in 7m 3 m 3 or i, usbret	
·	(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:

CDBL Bye Laws Form 23

Nominee 2																									
Name in Full																									
Short Name of Nominee (Ins	ert full nar	ne startii	ng with	Title	i.e. Mr./	/Mrs.	/Ms/Di	r., abb	revi	ate o	nly if				acters						e. Mr.				
Relationship with A/C Ho Address															_	•									
City: Post Code: State/Division: Country: Telephone:																									
Mobile Phone:				I	Fax:					E	Ema	il:													
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 w																••••		•••						
Relationship with Nomine	e:		. Date	of B	Birth of I	Mino	or <i>(DE</i>)/MM/	YY):				. Ma	aturi	ty Da	ate d	of M	linor	(D	D/MI	M/YY):			
Address																									
City: Po	st Code:		S	state	/Divisio	n:			(Coun	try:						Tel	epho	one	e:					
Mobile Phone:				I	Fax:					E	Ema	il:													
Passport No		Issue	e Place	e:				Issu	e Da	ate: .						Exp	iry	Date	e:						
Residency: Resident	☐ Non F	Residen	t 🗌	Nati	onality					. Dat	e of	Birth	(DE	ОММ	YYY)										
2. Photograph of Nor	minees/	Heirs																							
ll i i i i i i i i i ll i i			Please affix recent passport ize photograph of Nominee 2 (Never use glue)					Please affix recent passport size photograph of Guardian 1 (Never use glue)						1	Please affix recent passport size photograph of Guardian 2 (Never use glue)										
Nominee/Heir 1			Nom	inee	e/Heir 2	2		Guardian 1								Guardian 2									
Applicants			Name	of t	the Ap	plica	ants/	/Nominees/Guardian										Sig	ına	ture	wit	h d	ate		
Nominee/Heir 1																									
Guardian 1																									
Nominee/Heir 2																									
Guardian 2	1																l								
First Account Holder																									