Joint Account Holder's Signature



Principal Account Holder's Signature

Client Code:

## **Assurant Securities & Management Limited**

Head Office: Amin Court (2nd Floor), Room No. 204, Registered Office: Amin Court (3rd Floor), Room No. 303, 62-63 Motijheel C/A, Dhaka-1000, Bangladesh. PABX: +880-2-47120890-1, +880-2-47121232.

E-mail: info@assurantsecuritiesltd.com, assurantsecurities62@gmail.com Web: www.assurantsecuritiesltd.com

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Price



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Web: www assurantsecuritiesItd.com

	details in CAPITAL letters. F t Named Account Holder's a	Please fill all names correctly	y. All communication shall b
out only to the Phot	t Named Account Florder 3 a	Date: D D M	MYYYY
1. Transferor Details	•		
Exchange ID	BD ID 1 2	0 6 2 9 0 0	
*BO Name			
ISIN		Issuer Company	Pay in Quantity
2. Transferee Details	S		
DSE Trading ID/Bro	oker Code. 296 Name	of Broker : ASSURANT SECURIT	TES & MANAGEMENT LIMITED
3. Declaration			Control School Control Control
The rules and requlation been read by me/us and force from time to time my/our knowledge as o	I I/We have understood the sam for such accounts. I/We also on the date of this transaction.	Participant pertaining to an acco e and I/We agree to abide by and to declare that the particulars given I/We further agree that any false/ ny/our account liable for termination	to be bound by the rules as are in by me/us are true to the best of misleading information given by
Applicants		ed signatories in case of Itd. Co.	Signature with date
First Applicant			-
Second Applicant			
Third signatory (Ltd.Co.only)			
POA Holder			
4. To be filled by the	e DP		
*BO ID (TREC Holder's	s Clearing A/C)		
1 2 0 6 2 9 0		6 Internal Reference No	Pay In Quantity
*DP ID 6 2 9 0	1 *Broker Name : ASSU	─ IRANT SECURITIES & MANAG	EMENT LIMITED
		nsferred to the clearing A/C	
		DF	Signature
Ivaille of the CDBL	. Farticipant ASSURANT SECT	JRITIES & MANAGEMENT LIMITE Setup date: (D	

These fields should be checked and matched with system-generated information.